Oral Hygiene

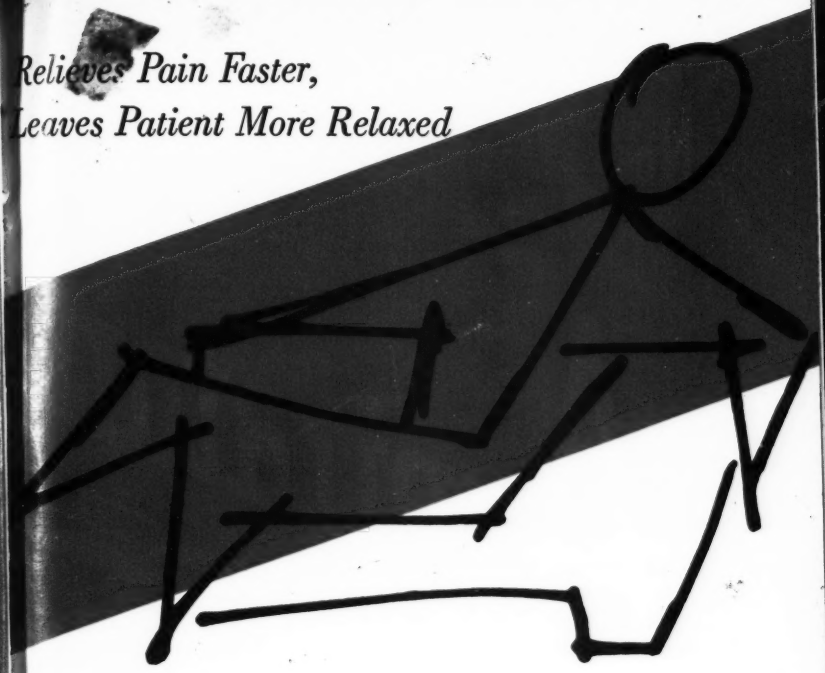
JANUARY 1957

Philbrook Art Center, Tulsa. Golden Anniversary Convention of the Oklahoma State Dental Association will be held April 14 to 17 at the Mayo Hotel, Tulsa.

In this issue:

POSITIVE THINKING IN DENTISTRY

Relieves Pain Faster,
Leaves Patient More Relaxed



Contrast between the medicated and untreated patient is markedly noticeable.[1] That's why so many dentists give their patients two Anacin Tablets *before* dental procedure.

Anacin contains a *combination* of analgesics. One in particular reduces tension and leaves the patient more relaxed. Anacin is well tolerated too, does not upset the stomach.

Faster-acting, long-lasting, better tolerated—this *greater total effect* in pain relief is the reason why more dentists prefer and recommend Anacin than any other analgesic.

always **ANACIN**®

for better relation between dentist and patient

8860

Reference: 1. Editorial: The Patient–Her Care and Comfort, J. Mass. Dent. Soc., April 1954.

Leading Anesthesiologists Say- "Aspirate!"

Now you can—

- without abandoning the cartridge system;
- without special, more expensive cartridges

with the Carpule

Aspirator

ASPIRATION is held mandatory by leading anesthesiologists, particularly in using highly potent, fast-acting local anesthetic solutions.

The new Carpule "ASPIRATOR" enables you to aspirate before every injection, **positively, safely, easily,** with the standard Carpule cartridges. Hence you can —

- Eliminate danger of intravascular injection, thus increasing patient comfort and tolerance, and making local anesthesia, the safest known, still safer by minimizing systemic reactions.
- Obtain Grade A anesthesia more consistently, as the solution will not be dissipated by the blood stream.

The Carpule "ASPIRATOR" has all the time-proven features of the Carpule Positive Lock Syringe plus the aspirating feature. It requires no change in technique; no special cartridges; is simple to use; easily cared for; and readily disassembled for cleaning and sterilization.

A — SYRINGE BARREL
B — CARTRIDGE
C — RUBBER PLUNGER
D — PISTON
E — HARPOON
F — HARPOON SHAFT

NEW FEATURES ARE —

- **Thumb Ring** — permits aspiration with one hand.
- **Spool Finger Grip** — assures positive grip on syringe in aspirating, and is so formed that syringe will not roll off bracket table.
- **Hollow Piston Rod containing Harpoon** which, when embedded in rubber plunger, retracts it to aspirate.

Order a Carpule "ASPIRATOR" from Your Dealer Today.

COOK-WAITE
Laboratories, Inc.
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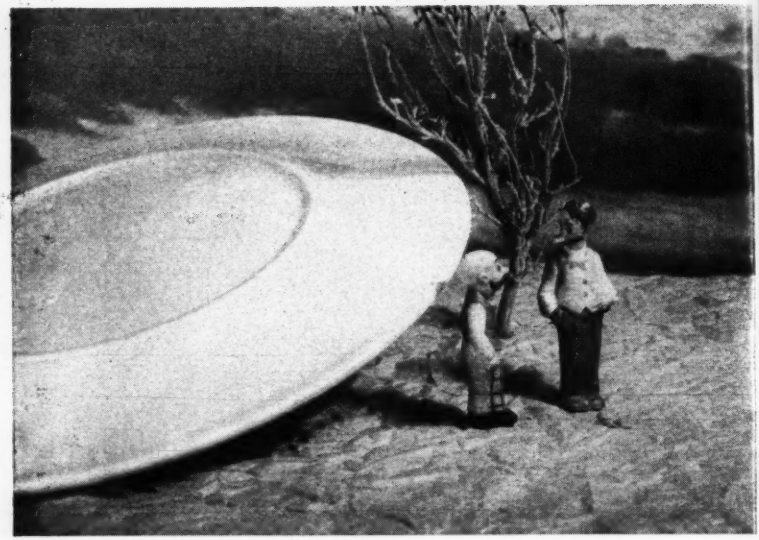

The Publisher's Corner

By Mass **No. 426**

BUG-WATCHER

DOCTOR LEHMAN WENDELL of Minneapolis wrote to Ed Ryan the other day: "In November ORAL HYGIENE I read with interest what Mass had to say about flying saucers. It reminded me of an experience which I had some years ago when flying saucers first got so much publicity." Then Lehman switched subjects—a maddening habit—and proceeded to write about something else: "One day I drove out into the open country, near the Minneapolis airport, to collect insects. You see, entomology is one of my hobbies." A bug-watcher yet! Forget the bug-watching, Lehman, and

January 1957, Monthly. Oral Hygiene, Inc., 1005 Liberty Ave., Pittsburgh, Pa. Subscription, $5.00 a year in U.S., Canada and Latin America; $5.75 elsewhere. Accepted as controlled circulation publication at Rutherford, N.J.

The *Crescent* WIG-L-BUG

SEE THESE COLORFUL WIG-L-BUGS AT OUR BOOTH DURING THE CHICAGO MIDWINTER MEETING, FEB. 3-6

Now in color!

The "Wonder Electric Mortar and Pestle" is *now available* in rainbow colors to match your equipment and blend with your office decor. Here are appealing, soothing colors to please the most discriminating patient. Here is sound color psychology to work for you. Also available are new housings in these beautiful colors for reconversion of older Black and White models.

. . . The new color models provide all of the quality that has made the Wig-l-bug famous throughout the world. It takes just 7 to 10 seconds to produce a smooth, fine textured mix of alloy and mercury. The results are uniformity, better fitting, stronger, longer lasting fillings.

. . . Your investment in a Crescent Wig-l-bug pays even greater dividends than ever before.

Thru your dealer or direct

CRESCENT DENTAL MFG. CO., 1839 So. Pulaski Road, Chicago 23, Ill.

give out with the nice fresh new information about flying saucers. "See ORAL HYGIENE for January 1928," Lehman's letter said. And I give you my word, one of the feature articles (starting on page 32) in this 29-year-old ORAL HYGIENE was Lehman Wendell's "A Dentist's Hobby—Photographing Insects."

Lehman speaking, quoting himself back in 1928: "My hobby is photography. For years, I roamed the hills making landscape photographs, and for another couple of years I walked the streets of Tacoma and Seattle looking for types. Then one day, on the strength of mental stimulus, I drifted into comic insect photography. It was a distinct novelty in the field of photography and the big magazines gobbled up the pictures like hot-cakes.

"From comic insect photography to serious insect photography and to entomology was but a step and I took the step."

Lehman still remembers what happened next. Seeking a bug book, he approached a young librarian, a real doll baby, and asked for a book on entomology—which he couldn't pronounce so good.

"She gave a rippling laugh that shook my pride like a left hook from Dempsey. 'Entomology,' she tittered, 'is the scientific name for the study of insects.'"

Not long after that, Lehman started his bug research in real earnest. "I made up my mind, then and there, that if there are 300,000 varieties of insects I could not pose as an intelligent man without having at least a passing acquaintance with some of these lowly neighbors."

But what about flying saucers? Lehman knows what's going on in the saucer set. Turn back to the CORNER's first page. Lehman was the cameraman. More later—maybe.

new anatomical design for operating relaxation

HANDFORM INSTRUMENTS

Form and function . . . a single purpose

To reduce muscular hand strain and tension, often the result of day-long grappling with instruments of conventional pencil type handles, Pfingst proudly offers this truly major development in modern instrument design.

Handform instruments represent years of painstaking research —the application of current scientific knowledge to the function and purpose of each instrument. The shape and movement of the fingers and hand during each operation are reflected in the design of that particular instrument. Result: More efficient movement, less strain.

Even when performing the most delicate or tedious procedure, Handform gives you ease of handling and greater comfort. Handform design will help reduce that tired and tense feeling developed during the course of a busy day.

All Handform instruments have stainless steel points, are completely rustproof, and are easily sterilized by the usual methods.

PFINGST & COMPANY, INC.
62 Cooper Square, New York 3, N. Y.

Gentlemen: Please send price list and literature on Handform Instruments and other Pfingst products.

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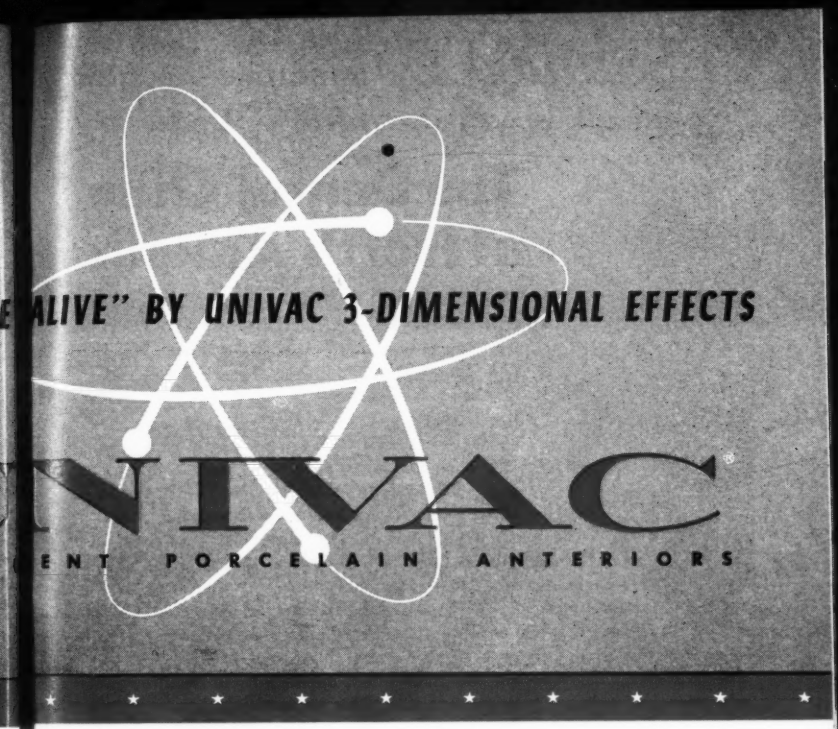


Here at long last is an entirely new and radiant lifelucent porcelain of exquisite beauty . . . new glowing "aliveness" . . . new "living" colors and color dispersions. These have been integrated by advanced techniques and electronic processes, creating a natural 3-dimensional effect so brilliantly alive in the mouth that it is virtually impossible to distinguish them from vital teeth.

Univac Porcelain is not merely an improvement–it is truly a completely new achievement of tooth porcelain research and development.

Call your Universal Dealer for a demonstration. *Do* see Univac Anteriors . . . see their light-absorbing properties so precisely matched-in-depth to human teeth. You'll *insist* upon Univac . . . *and only Univac* . . . for your patients.

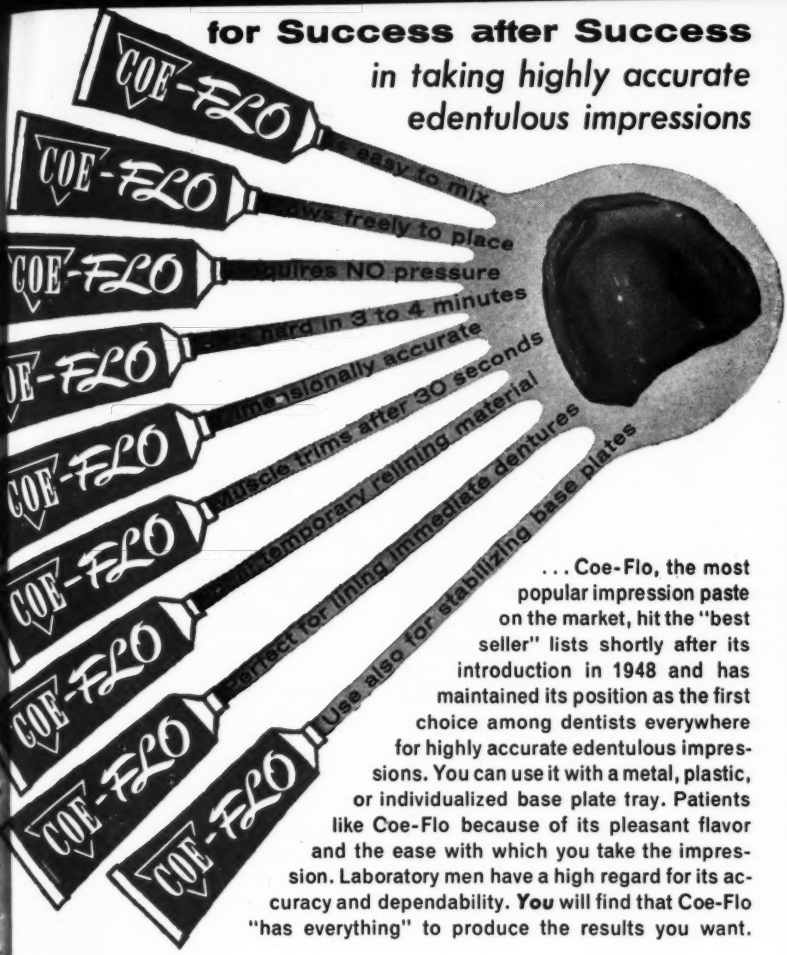
SPECIFY WITH THE DUAL-DIAL COLOR GUIDE

ROWN STREET • PHILADELPHIA 39, PA.

RIDENT PLASTIC TEETH

for Success after Success

in taking highly accurate edentulous impressions



. . . Coe-Flo, the most popular impression paste on the market, hit the "best seller" lists shortly after its introduction in 1948 and has maintained its position as the first choice among dentists everywhere for highly accurate edentulous impressions. You can use it with a metal, plastic, or individualized base plate tray. Patients like Coe-Flo because of its pleasant flavor and the ease with which you take the impression. Laboratory men have a high regard for its accuracy and dependability. ***You*** will find that Coe-Flo "has everything" to produce the results you want.

Coe-Trans is recommended to dentists who prefer to take impressions with "an equalization of pressure." It flows under stress, can be corrected, muscle trimmed, reseated.

All-Tec should be your choice for impressions "without the slightest pressure." Has a highly free-flowing consistency, hardens in a rigid, dimensional accurate impression.

Order from your dealer

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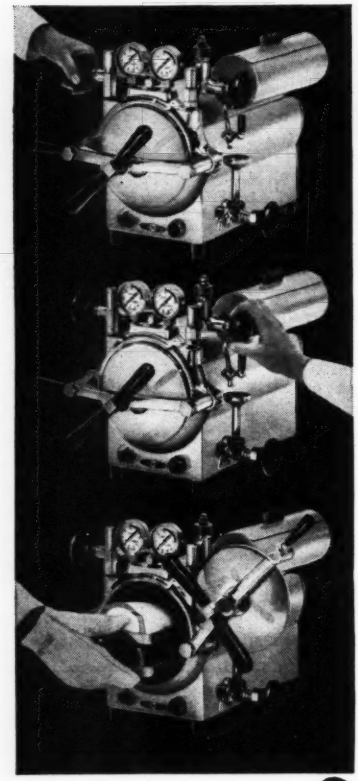
when you can sterilize FASTER and SAFER in the

PELTON AUTOCLAVE

So Easily Operated



TRANSFER
After loading, simply transfer steam from reserve to sterilizing chamber. In only a few seconds, temperature is attained.

DISCHARGE
When sterilization is completed, discharge steam to condenser after closing transfer valve and crack open the door.

UNLOAD
In a minute or two entire contents are removed completely sterile and dry. The autoclave is ready for second load.

AVAILABLE IN 3 SIZES:

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6″ x 12″ sterilizing chamber

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Gentlemen: I am interested in the Pelton time-saving Autoclave. Please send me more information and prices on model.

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anatomical,

FLAT PLANE

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Whichever you prefer, Doctor...

You can now enjoy the greater strength, beautiful shades and natural vitality of TRUBYTE BIOFORM VACUUM FIRED PORCELAIN in the occlusal form of *your choice.*

These three popular posterior forms are available in a wide range of moulds and shades to meet every requirement in your denture practice:

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PILKINGTON-TURNER 30° POSTERIORS — Ideal for complete and partial denture work. Designed to meet the anatomical requirements of the mandibular movements of the greatest majority of patients.

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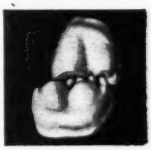
TRUBYTE RATIONAL POSTERIORS — Cuspless and easy to set up with sharp, inter-acting v-shaped ridges which are efficient in the tearing, crushing and grinding of food.



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the long and short of impression problems

To get that perfect impression . . . the first time . . . every time, use *Lang's* Elastic Impression Powder. *Lang's* smoother, creamier mix assures maximum accuracy in the resulting impression every time. *Lang's* high viscosity formula prevents material from seeping down patient's throat, minimizing patient discomfort and allows you to work faster and more precise during the taking. *Lang's* Elastic Impression Powder has the ability to hold water and no dimensional change occurs if model is poured in reasonable time.

You'll marvel at the fresh, pleasant built-in flavor of *Lang's* Elastic. It makes your patient's chair time more pleasant and less tedious.

Remember . . . insist on the product bearing the *Lang* trademark . . . it's your assurance of the very best and only costs a little more.

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for further information

on Lang's Elastic or specific information as to application and procedures direct your inquiry to the attention of Mr. E. Lang, Research.

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- dry air
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- water stream

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Here is the ultimate in cooling systems, providing fingertip selection of: (**1**) dry air only, (**2**) atomized air-water spray or (**3**) a stream of water . . . whichever you prefer for a given operation.

With a mere turn of a conveniently located electric selector switch, any of the three coolants is delivered to the tip of the cutting tool *the instant your foot controller starts the engine.* Volume is adjustable individually for each coolant. Once set to your preferences, the controls need no further attention.

Neatly installed by your dealer, Tri-Jet becomes an integral part of your unit, with nothing to interfere with your accustomed methods of operation.

Permanent, internal connections are made to the water and air supply lines of the unit.

Request literature and full details from your dealer or direct from Hanau.

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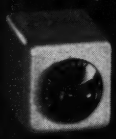
Also available:
Therm•Ex Spray, Patient Operated; and Dual Control Accessories to synchronize spray with foot controller.

Miniature nozzles for all contra-angles and handpieces.

Convenient control box houses water and air valves.



Coolant selector switch.

DOCTOR...

Published report of two-year results reaffirms GARDOL'S* EFFECTIVENESS in caries control

A recent issue of a leading science magazine reports the results of a *two-year* controlled study on *human subjects* to determine the effectiveness of sodium N-lauroyl sarcosinate (Gardol) in the control of dental caries.

Conducted by a leading dental school and directed by an eminent research scientist, this study was completed by 1,159 young adults located in 3 geographic areas. Thorough clinical and radiograph examinations of the teeth were made before and after the study was completed.

The conclusion: Sodium N-lauroyl sarcosinate in a dentifrice, when it is used either morning and night or after meals, *will materially reduce dental-caries activity.*

This additional and recent clinical evidence reaffirms Colgate Dental Cream's promise of the finest home method of caries control ever offered by a toothpaste. And, Doctor, it is reassuring to know that Colgate Dental Cream with Gardol is *so safe* you can recommend it even to your *very youngest* patients without restrictions or limitations of any kind.

*GARDOL IS COLGATE'S TRADE-MARK FOR SODIUM N-LAUROYL SARCOSINATE.

Colgate-Palmolive Company 300 Park Avenue, New York 22, N.Y.

It's Not News.....

That natural bristled toothbrushes are back again. LACTONA brushes made with genuine natural bristle, in a full range of textures from Extra Hard to Soft, have been regularly available for professional use as well as for the drug trade.

The first release of Government Stockpile bristle to all brush manufacturers was made in July of 1956. This action has increased the available supply of natural bristle for brushes. For the record, dentists will be interested in knowing that, both as individuals and through their organizations, documented statements on the essential use of bristle for toothbrushes, as one means of maintaining public dental health, were perhaps the most influential and most important single factor in bringing about the current releases of Stockpile bristle.

Many distributors and vendors do not themselves manufacture the brushes that they sell. LACTONA, as an actual brush maker, knows that toothbrushes of high quality could be made with bristle that has been available, for instance, bristle of India origin, provided that the manufacturer had the skill, the willingness and the desire to exert extra effort and expense, and at times make the sacrifice necessary to service a demand for natural bristle brushes arising from dental prescription. *LACTONA is one of those manufacturers!*

LACTONA Toothbrushes continue to meet high standards of quality. The trim length on adult brushes is a full $^{15}/_{32}$". Textures in terms of a degree of stiffness correspond exactly with the markings on each handle and carton.

The brush manufacturing industry of the United States is alert and conscientious in its effort to provide better toothbrushes in design, style and textures, both natural bristle and nylon, which, in the opinion of dentists, are best suited to the need of the individual patient.

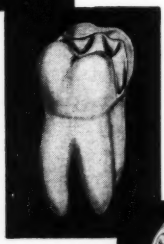
Although there are methods and equipment to determine and test the stiffness and wearing qualities of a natural bristled toothbrush, perhaps the best way to evaluate the quality of one manufacturer's brush as against that of another, is by the actual use of a toothbrush in the mouth. LACTONA not only suggests, but invites actual comparison.

Lactona, Incorporated

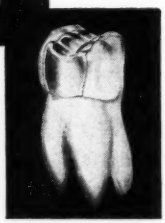
Saint Paul 1, Minnesota

Goldsmith INLAY INLAY Golds

GB INLAY No. 1 for gingival or one surface inlays where occlusal stress is not a factor. Soft Type "A" $2.25 dwt. list.



GB INLAY No. 2 for two and three surface inlays subject to moderate stress. Can be burnished without flaking. Medium Type "B" $2.15 dwt. list.



GB INLAY No. 3 for thin castings, carmichaels, ¾ crowns, bridge abutments. Will withstand the most severe stresses. A gold color platinized alloy. Hard Type "C" $2.25 dwt. list.

Guaranteed to comply with A.D.A. Spec. No. 5. Your dealer can supply you promptly.

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STERN GOLDS ESTABLISHED 1907

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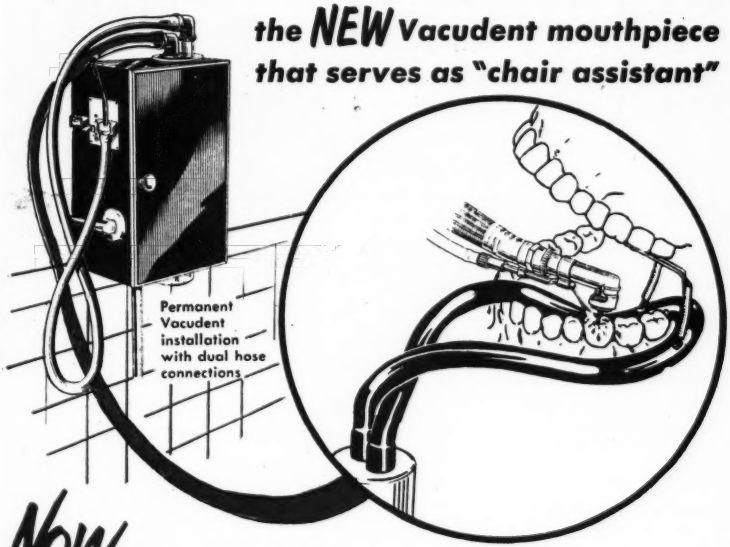
HYDROCEPTOR...

the NEW Vacudent mouthpiece that serves as "chair assistant"



NOW...even without an assistant Vacudent® serves you!

If you are one of the dentists who thought Vacudent would not fit into your practice without a full-time chair assistant, you will be pleased to learn about the NEW Vacudent mouthpiece... HYDROCEPTOR. With water directed from the handpiece and the HYDROCEPTOR positioned around the field of operation, every dentist can enjoy the many benefits of the "washed-field" technique with Vacudent—whether or not he has a full-time chair assistant.

Dentists with a chair assistant will also realize far greater benefits from Vacudent, using the HYDROCEPTOR mouthpiece to supplement the regular Vacudent mouthpiece—or to occasionally free the chair assistant for other duties.

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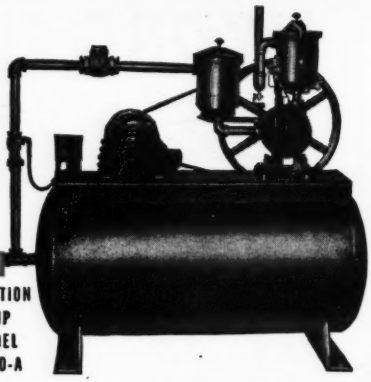

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Almost every *new* clinic or every modernized clinic includes CENTRAL SUCTION as a "must"—the System which has this Central Suction Pump in a penthouse, basement or utility room . . . and these Suction Bottle Units installed and built into each operating room.
For complete information and practical suggestions which will help you plan your clinic installation—

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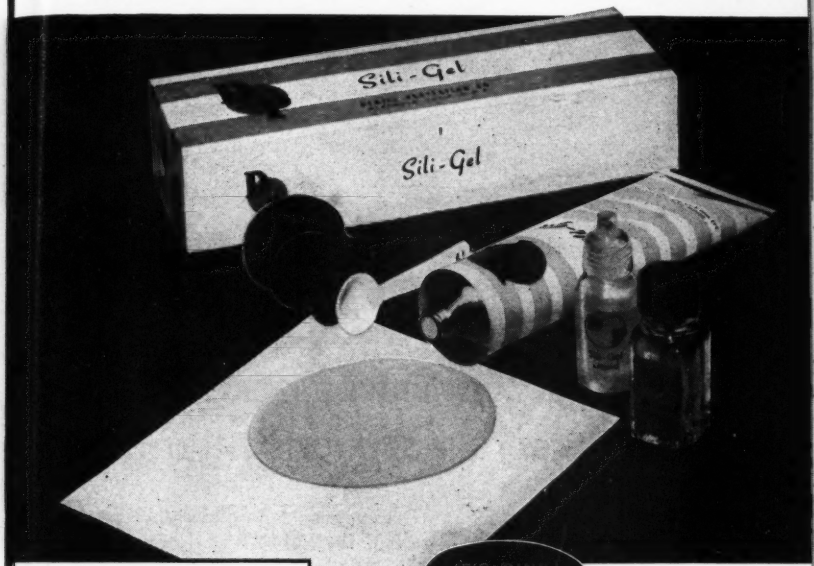
Sili-Gel Acclaimed!

The greatest advance in impression material history!



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All-Purpose Syringe
(For Bridge and Indirect Inlay Technics)

Eliminates syringe cleaning problems regardless of material! Designed to use disposable plastic tips, instead of costly metal needles. Quickly loaded, easily used, cleaned in seconds. Once you try it, you will never be without one!

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never shrink, warp or water-swell!

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Ordinary denture resins shrink or swell when they absorb or lose water. Only JECTRON polystyrene resin is immune to these damaging changes of form. That is just one of many reasons why JECTRON dentures fit better, far longer, than any other.

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For the complete, eye-opening Jectron story, ask your laboratory for the 20-page illustrated report entitled "Jectron —key to a more successful denture service." Or write "Jectron Report" on your card or letterhead and mail direct to Jectron Company, 1009 Jackson Street, Toledo 1, Ohio.

Jectron is not an acrylic . . . it is pre-cured polystyrene specially compounded for dentures

a complete answer
to the better management of

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FIRST, the degree of pain—whether mild, moderate, severe or excruciating—may be determined.

SECOND, the appropriate form of *Phenaphen* or *Phenaphen with Codeine* may be prescribed.

In each form, a true pharmacodynamic synergism of the ingredients, presented in safe, conservative dosage, enhances their analgesic potency.

PHENAPHEN
— basic non-narcotic formula
Each brown and white capsule contains:
Acetylsalicylic acid ..... 162 mg. (2½ gr.)
Phenacetin ..... 194 mg. (3 gr.)
Phenobarbital ..... 16.2 mg. (¼ gr.)
Hyoscyamine sulfate ..... 0.031 mg.

Phenaphen No. 2
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Each black and yellow capsule contains:
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Codeine phosphate ..... 16.2 mg. (¼ gr.)

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Each black and green capsule contains:
The basic Phenaphen formula plus
Codeine phosphate ..... 32.4 mg. (½ gr.)

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Codeine phosphate ..... 64.8 mg. (1 gr.)

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Phenaphen® Robins
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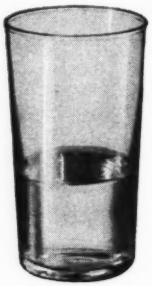
effective and economical



you add just a few drops . . . to a quarter glass of water

concentrated ASTRING-O-SOL®

The effectiveness of Astring-o-sol is measured *in drops — not drams — not ounces.* Its tangy, invigorating taste and mild astringent action leave the mouth fresh and sweet. Astring-o-sol is an effective deodorant — and kind to the most delicate oral tissues too. A little goes a long way . . . at the chair and in daily mouth care.

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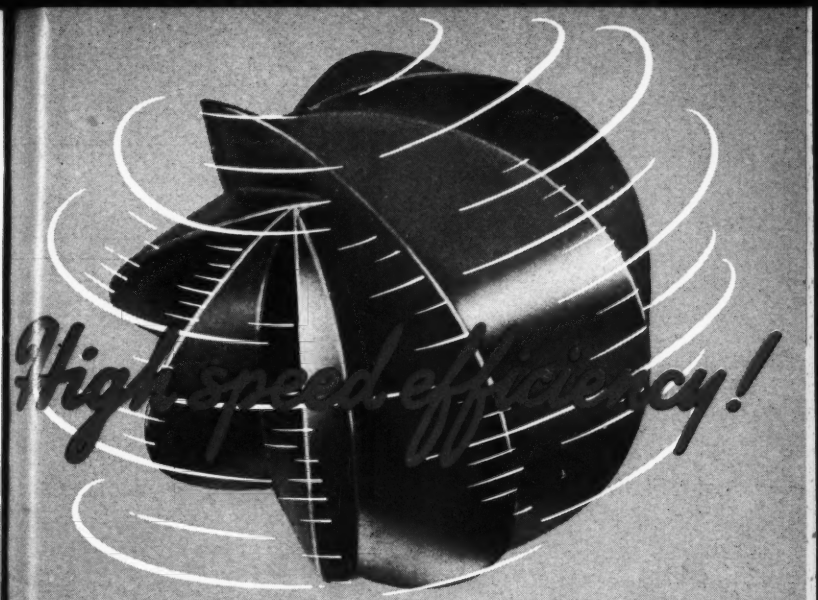
write for samples for patient distribution

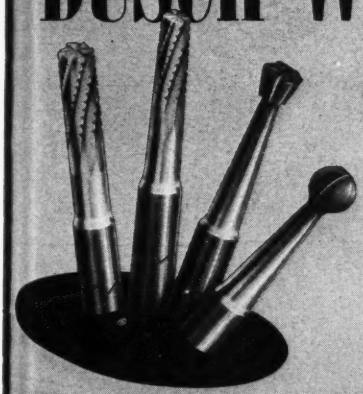
Better denture adherence *with* **KLING®**

the new quality adhesive using only N. F. gums

write for professional samples



BUSCH-WIDIA BURS



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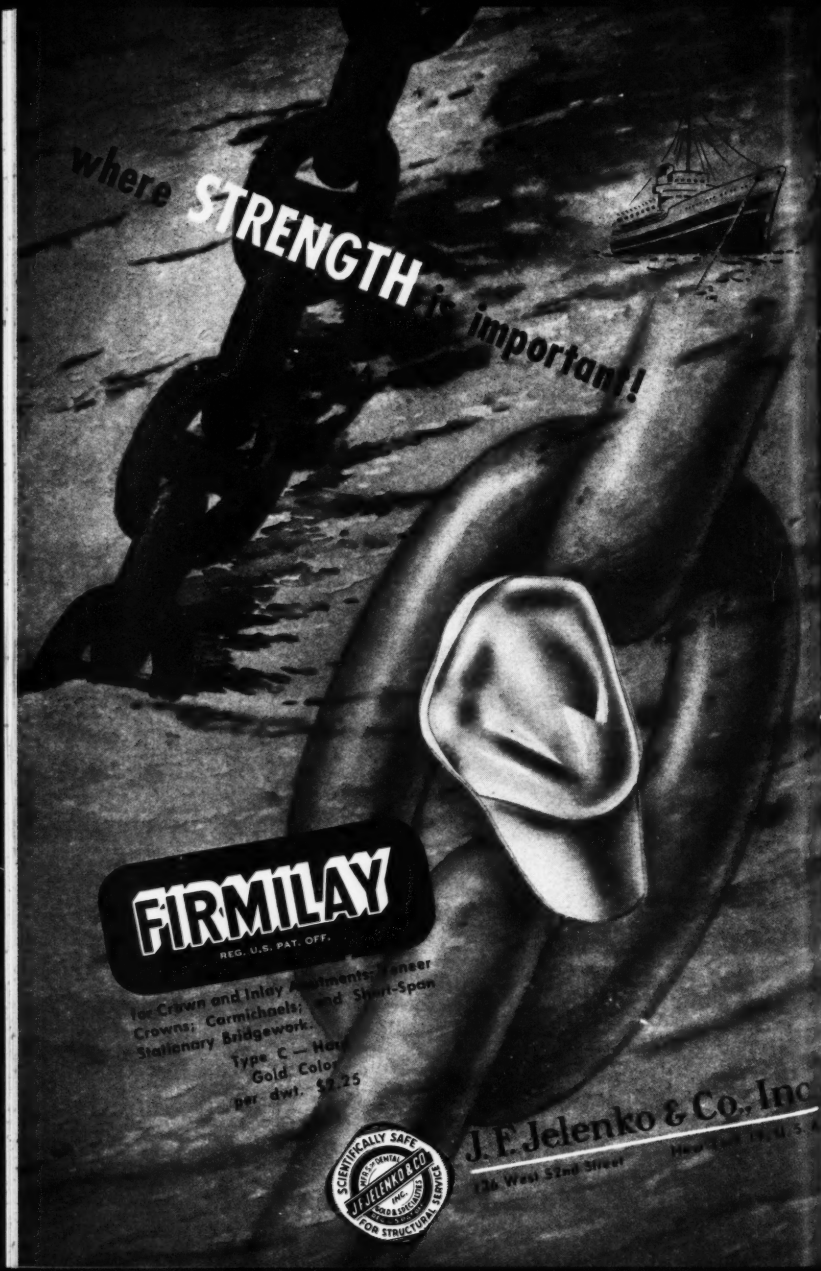
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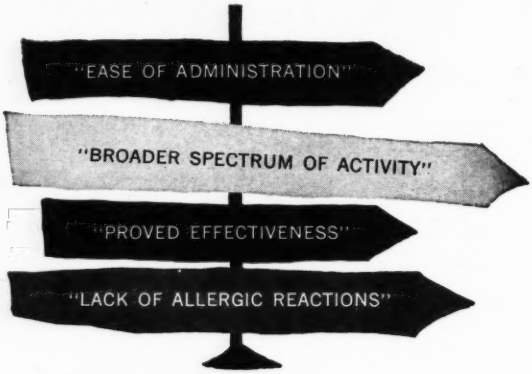
signpost for systemic therapy



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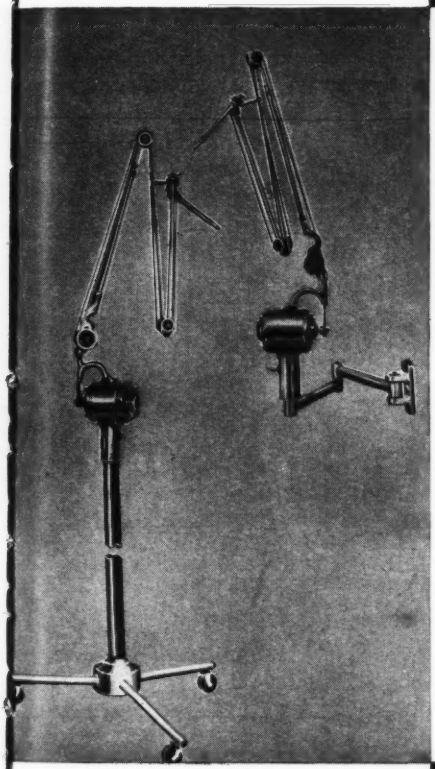

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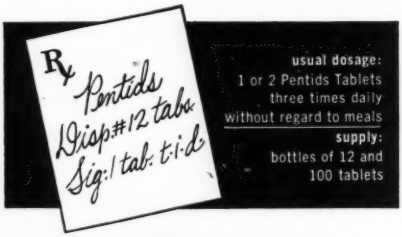

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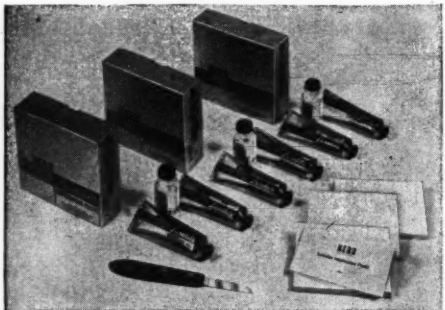

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FIRE

The Number Two Hazard of a Dental Office

BY M. TRAVASCIO

When the heat cools and the firemen leave, the dentist without records loses additional time, patients, and dollars.

FEAR OF personal injury may be the first concern of the dentist when he considers the consequences of fire in his working quarters. But unless it is preceded by an explosion, fire is far less likely to harm him personally than it is to disrupt his practice, complicate the reestablishment of his operations, and bring about financial losses that only advance planning can help minimize.

For instance, no investment he makes builds more steadily in value and importance than the pennies paid for the forms on which a dentist sets down the identity of his patients and the history of his operations. But when these are not given the care and protection they warrant they can easily become the number two hazard of a dental office fire.

Suppose, for instance, someone should throw open your office door and excitedly shout "Fire!" What would you do? Those who have studied reactions under such conditions claim your first thought would be to lead your patient, office assistant, and anyone in the reception room to safety while carrying your wallet along with you.

According to these same authorities the urge to bring out your wallet makes you overlook the fact that it is unlikely to contain anything

remotely approaching in value the patient record cards forgotten in the excitement, and probably inadequately safeguarded against damage from fire and water.

One southeastern Pennsylvania dentist learned the consequences of casual record protection when a devastating fire in his operating room brought immediate disruption to his practice and an embarrassing reminder of his loss fully a year later. The later incident occurred eleven months after the fire when he was called upon to help identify the body of a teenage girl who had been his patient, but who had been burned beyond recognition while in the company of a girl friend of her own age when fire swept through a lake-side cabin where the youngsters were vacationing. The families had attempted identifications, but the parents of the dentist's patient requested the professional man's confirmation. "Because my records had been reduced to ashes when my office burned I was unable to lend the desired assistance," the dentist explained.

It Can Happen to You

Today there is available for dentists, files, safes, and other specially constructed cabinets, designed and tested to resist high temperature fires of long duration. The average dentist, however, shows his human qualities when he dismisses with a shake of his head the possible results of a fire in his operating quarters. "It won't happen to me," he insists. And frequently he is right. But not always. Every month of the year flames lick around dental offices across the country and eat into irreplaceable records too often kept in dime-store file boxes or in the drawers of wooden desks. The soggy, unreadable histories of professional practices that remain leave problem conditions that stun the practitioners involved.

A dentist whose home office was severely damaged by a blaze congratulated himself on the selection of an insurance company that paid its claims promptly and compensated for income loss, while he was working to reestablish his operating schedule. He was particularly pleased when a neighboring dentist offered the use of his office during off hours while the fire damage was being corrected. But it was this display of friendly interest that tearfully brought home to the affected dentist the full extent of his fire loss. Even with an office made available to him he could not immediately plan a schedule—even a temporary one—without records of those who were due for return visits, and those whose names he could recall could not be located without corresponding addresses.

This man's practice is once more operating pretty much as it was before the fire, but he is still not certain he has collected all of his accounts receivable, and without

legal proof to back up his beliefs there is little he can do about it. Even income tax officials are hesitant about accepting his guess-estimate of the dollars owed him by patients who never returned when he reopened his office. Professionally, too, this dentist's operations remained confused for some time because as he explained, "You can't expect a patient to tell you where you left off when he was in for his last appointment or what you had planned for the cancelled-by-fire visit. I always thought I worked from memory using my record cards simply to recall details. The fire experience proved how wrong I had been."

Metal Boxes Not Fireproof

The loss of some valuable records comes as a surprise when the owner finds that the metal container in which he placed important financial and operating records failed to do a thorough job in the face of the intense heat generated by an office fire. Actually, metal alone is of little protection in such cases. The fact that metal will not burn does not mean that the contents of a metal box will remain in usable condition following a fire. A fire chief who has made extensive tests in his line of work has suggested this simple test. "Take the light-gauge metal box on which you place so much dependence," he says, "and put inside it some of the papers and cards of the same type you normally store in the container and after closing it tightly slide it alongside the pie your wife is baking in the kitchen oven." When the pie is done he will wager that the papers inside the box will also be "done." This roasting action sucks out all moisture and body from paper, turns it to a light brown and then a deep black, and causes it to crumble when it is handled. Flames are a fearsome thing during a fire; but the heat that goes with them must also be guarded against through an expert combination of metal and insulation, plus testing by reputable manufacturers and associations skilled in holding fire losses to a minimum.

To protect himself against the number two hazard of a dental office fire the dentist is offered these three recommendations:

1. Keep patient records, x-ray films, and financial facts about office operations and patients' accounts in approved insulated steel cabinets or safe.

2. Remove only books or cards needed at the moment. Replace at lunchtime and at night, and lock record-protecting cabinet. (Be like the jeweler who takes from his safe only the item he is showing, and replaces that before bringing out another piece.)

3. Rent bank safety-deposit box for school records, state licensing, will, and other personal and financial papers.

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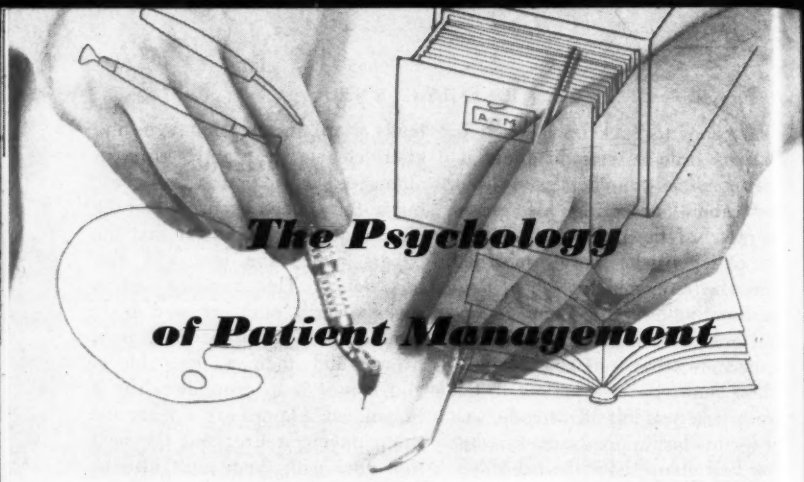


The Psychology of Patient Management

BY MORTON CROSSMAN, DDS

IT HAS often been said that a dentist who knows nothing but dentistry is a poor dentist. This adage is true. Not only must he be a skilled technician, a man of understanding, maturity and wisdom; but he must also be an artist, sculptor, and a super-salesman, who sells service, health, and himself. He must also be a good business man, administrator, yet most of all a psychologist.

Our work as doctors of dentistry, not as mechanics, tradesmen or "dentors," as some would have us called, is in itself not too laborious an art. Yet the tensions involved in our service, which may cause the ulcers and cardiac disturbances among dentists, are brought about by being conscientiously solicitous of the various temperaments of our patients. This, together with the unwarranted long hours of some mismanaged practices, with the dentist pushing himself when tired, the lack of proper rest, relaxation and recreation, are the main causes of such a large obituary list in our monthly journals, especially among the younger practitioners.

We can add another important source of the downgrade, premature ill-health of men of our profession; namely, the lack of security for himself and his family after years of practice; worry, fears of a waning practice, poor, ill-advised investments, and the lack of positive planning for insurance and annuities, in the years past, when the dentist was on the crest of his highest earning capacity. Let's face it! Our gross income depends on our physical and mental energies. The more we produce

A little self-study is the best preparation for handling patients correctly.

with our hands, the greater is our income.

So much for the dentist. Now, the patient. We must think more of how the patient feels and thinks as he is ushered into our chair. The difference between success, failure, or mediocrity of a dentist, revolves around his ability to give to his patients' problems the same concern he has for his own. How would you, as a dentist, like to be treated with cold precision, and sometimes almost inhuman unconcern, with a detached impersonal attitude of the dentist? Would you personally stand for it? Of course you would not. You would leave that dentist to seek another.

Skill Is Not Enough

You have met many a dentist with an average amount of skill, who has surrounded himself with a lucrative, thriving, healthy, revolving practice, and has been able to maintain it over the years. While on the other hand, we have all seen a dentist with the highest technical skill, who can create the most beautiful inlays, and fixed bridges, yet cannot receive adequate financial returns, and is concerned from month to month with his inability to meet payments and overhead.

The answer is the Golden Rule: Treating your patient as you would want to be treated, being solicitous of his welfare and comfort; making him feel at ease and at home; being kind and considerate to him; showing him that you are concerned personally with his dental problem. Listen to his story, and be understanding, not as a mere automaton, who has a job to do, but as a sincere, friendly and enthusiastic proponent of his dental health, in fact, of his general health. Your attitude should be such toward your patient, that when you have completed the first phase of his treatment, whether it be an emergency or a long-drawn labor, you will feel that this patient is a happy part of your practice, and you cannot conceive how he could ever be part of another dentist's practice. When you feel this, you have won not only a patient, but a friend. These are the patients who go out of their way in referring other fine people to you and who help you build that healthy and financially secure, revolving practice that we all seek, and so few attain.

Yes, a successful dental practice is not an accident. It must be built, stone by stone, patient by patient, on a firm foundation based on the Golden Rule. This is your chairside manner. Is it not the rule to follow in life itself?

In order to maintain a happy cheerful practice, the introvert dentist must change, from a man who

has been antisocial, to one who believes in himself, and who sincerely likes people, even those people who are difficult to serve. This is difficult for the dentist too. Courses in psychology and getting out more socially and meeting people, will help the dentist realize that all persons are fundamentally alike. Human nature is the same in people all over the world. They react similarly to kindness and consideration, and are much concerned about their personal health, dentally and generally. So the dentist must learn how to deal favorably with the various temperaments of all people, making an honest and good impression, and foregoing that dictatorial and "holier than thou" attitude. Is not this practicing the Golden Rule? It surely is.

Why Patients Leave

Over the twenty-five years of my practice in Connecticut and Florida, I have kept some records, inaccurate though they may seem scientifically, on the many reasons why patients have left their former dentist. Now do not think for a moment that I have not, over the years, lost a good many. For I have. We all have.

As a new patient would become entrenched in my practice, I would seek the reason for his leaving his former dentist. Mind you, I was not interested in whom the dentist might be, but why the patient left him. The statistics were highly interesting. Here are some quotes as follows:

1. Too expensive.
2. Impersonal and inconsiderate.
3. Too busy. Couldn't get appointment for three months.
4. Office not too clean.
5. Dentist too old, getting a bit shaky.
6. Equipment old and dentist not keeping up with modern times and techniques.
7. Lack of personal cleanliness of dentist himself. Patient mentioned B.O., halitosis, dirt under nails, dirty gown, and unshaven face.
8. Was not sure the dentist sterilized instruments properly or scrubbed hands between patients.
9. Liquor on breath of dentist, and tobacco odor on fingers.
10. Dentist an old grouch.
11. Exposing of syringe, needle and surgical instruments, in front of patient.
12. Inconsideration in the use of the drill.
13. Dentist did not believe in using local anesthetics.
14. Dentist would not make an effort to save the tooth. He liked to extract, mostly.
15. His "fillings" fell out, especially in children's teeth.
16. No patience with children.
17. Unfriendly, cold attitude.
18. Lack of thoroughness. Did not suggest x-rays.
19. No recall system for patients.
20. Wanted to charge extra for the adjustments on the dentures that he made.

21. I was ten minutes late for an appointment, so he couldn't take me, and charged me for the appointment.

22. The dentist told me that I had to lose all my teeth. I didn't believe him.

23. Ten minute appointments and temporary "fillings."

24. Dentist talked too much and accomplished little work.

And on and on it goes. Of course, many patients changed dentists because of moving to a new city, or because their dentist had died. However, it is gratifying to note that a goodly number of patients had been loyal to one dentist for from ten to thirty years.

Take these statistics for what you will. We all lose patients each year, I am sure. I often wondered about the reasons. Maybe the cause is somewhere between one and twenty-four on the list. Something to think about, anyway.

Someone once said that we cannot satisfy 100 per cent of our patients, and I am sure that he was right. *But we can try!* Ultimate success in our work, as in any occupation involving a service, depends on our efforts in paying attention to every detail, even the smallest or most insignificant, which may seem necessary for the comfort, convenience, and health of our patients. This, my colleagues, is practicing the Golden Rule, and is the basis for the psychologic approach to the handling and management of our patients.

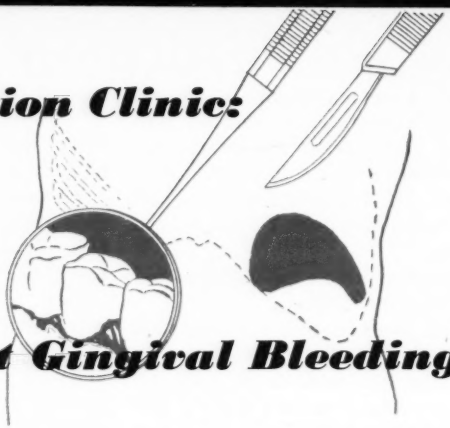
2001 *Hollywood Boulevard*
Hollywood, Florida

THE COVER

IN HONOR of the Golden Anniversary Convention of the Oklahoma State Dental Association, our cover shows a view of the main hall of Philbrook Art Center, Tulsa, one of the Nation's galleries of famous oil paintings. It is the gift of philanthropists, Mr. and Mrs. Waite Phillips, is fully endowed, and maintains a year-round cultural program extending throughout Oklahoma.

The Convention will be held April 14 to 17 at the Mayo Hotel in Tulsa, a major industrial and commercial center of the Southwest, founded in 1882. The anniversary meeting will feature several outstanding essayists as well as fine exhibits, table clinics, limited attendance clinics, entertainment, and reunions. Oklahoma dentists cordially invite their colleagues throughout the country to attend this important meeting. For information and reservations, please write to Doctor Richard Oliver or Doctor R. C. Mitchel, Co-chairmen, Golden Anniversary Convention, Oklahoma State Dental Association, 210 Plaza Court Building, Oklahoma City 3, Oklahoma.

Consultation Clinic:



Persistent Gingival Bleeding

PART IV

BY ARTHUR ELFENBAUM, BA, DDS

IT WAS evident from the patient's demeanor that she was greatly disturbed about something concerning her mouth. She held an unusually large handkerchief over her mouth and pointed to it nervously with her other hand. Through her clenched teeth she mumbled to the receptionist that she must see the dentist at once. As soon as she was seated in the dental chair, she asked for a glass of water, but used it to rinse her mouth. The dentist calmly pulled up a stool and reassuringly asked the patient to tell him all about it, promising to do his utmost to help. As soon as she opened her mouth to speak the dentist could see clots of blood attached to the lips and the gingivae. He could also detect that blood was still oozing around the clots. The patient explained that her gingivae had always bled when the teeth were brushed, but the current, severe hemorrhage began only a few days ago. That morning she became terrified when she awoke and found that her pillow was covered with blood.

The dentist suggested that the patient permit him to clean up her mouth to make her more comfortable. With a little compression here and there and the use of a hemostatic, he was able to arrest the hemorrhage and then proceeded to wipe away some of the clots. A few petechial spots were visible on the buccal mucosa. The dentist had already noticed some black and blue marks on the patient's arms and legs, and had formed the impression that the bleeding might be due to a blood dyscrasia, rather than to the local irritation of subgingival calculus deposits. His questioning must now determine

Symptoms and signs revealed during a oral diagnosis often lead to the discovery of a systemic disease.

whether medical treatment should precede dental service.

Noticing that several teeth were missing, the dentist asked about postextraction hemorrhage. There had been one occasion when sutures had to be placed. Did she bleed profusely from what appeared to be a minor cut? Yes. Was there a history of menstrual difficulties? Yes; and after the birth of the second of her two children, she had to return to the hospital to have the postpartum hemorrhage arrested. At neither time when her children were born was anything said to her after a routine blood examination made when she entered the hospital. She was not aware that the black and blue marks had been caused by bruising. In fact, she had noticed other similar marks on other parts of her body and knew definitely that she had not injured herself.

The reason for the obvious neglect of her mouth was that for the past two years she had been working in a factory to support her ailing husband. Both children were still in grade school. She knew that for her age of 37 she should be feeling better than she did, but the thought of additional medical bills urged her not to talk of her own physical condition. When the gingivae began to hemorrhage, she asked the druggist to recommend a mouthwash, but he suggested consultation with a dentist.

Diagnostic Aids

The dentist took it for granted that a set of roentgenograms would show a poor alveolar bone that might well prejudice him in favor of recommending immediate periodontal treatment, if not a complete mouth rehabilitation. However, if a blood or vascular dyscrasia were to blame for the patient's immediate problem, periodontal treatments would be contraindicated at this time. Therefore, he concluded that a blood examination was called for, and that it should cover more than a blood count. It should also include a differential count, bleeding time, clotting time, a clot retraction test, and a platelet count. He was not surprised to get a report of a prolonged bleeding time, a nonretractile clotting, a normal clotting time, and a surprisingly low platelet count. He called the patient's physician and suggested the possibility of thrombocytopenic purpura. The physician proved to be cooperative and appreciative of the dentist's approach. Following further medical examination it was decided to perform a splenectomy. When the patient recovered, she returned to the dentist to express her gratitude for his effort and to have her mouth put in good order. The gingival hemorrhage was greatly improved and would no doubt cease, following

periodontal treatment. The subcutaneous and submucosal hemorrhages had disappeared, and in all probability would not recur.

Discussion

When the dentist suspected a hematologic problem, why did he not refer the patient to a physician and pass the responsibility on to him? That is a question frequently posed by dentists who discover the early oral manifestations of a systemic disease. In the first place the patient consulted the dentist, not the physician; and the patient's problem, which was bleeding gingivae and not a disorder of the spleen, was definitely within the dentist's domain. Secondly, if the laboratory result had shown that the blood picture was normal, the dentist would have had to attempt a different approach. He might have had to consider a vitamin C deficiency, anemia, a severe infection, an idiosyncrasy or allergy to a drug, or the reaction to a poison. Each of these possibilities requires different diagnostic procedures, and the dentist is the one to decide which method should be applied. With all due respect to the physician, his knowledge of oral pathology is limited, to say the least. Had the patient consulted him first (and the public is beginning to learn that any or all oral problems belong to the dentist), the physician in all probability would have referred her to a dentist without investigating or even suspecting the blood dyscrasia.

As a general rule, when a problem of the type under discussion is presented to a physician who prefers to handle it himself, he sends the patient to a clinical laboratory for routine blood and urine tests. A routine blood test does not usually include a clot retraction time, or platelet count; and, without the information that they were abnormal, the diagnosis of a thrombocytopenic purpura due to a splenomegaly would surely have been missed. The patient would probably have been given a prescription for liver and iron on an empirical basis. These hypothetical remarks are not intended to discredit the medical profession. They merely emphasize that oral problems should be considered by the dentist first, irrespective of who applies the treatment. After all, it was the dentist who correlated the gingival hemorrhage with the petechiae in the mouth, the ecchymosis and purpura, and the patient's history of previous bleeding episodes; and he was cautious enough to place the medical treatment ahead of the dental. Most of these complicated situations involving dentists and physicians will disappear when we will stop departmentalizing the patient, and regard him as a totality in which the welfare of any part is related in some way to that of the others. If the gingival bleeding had been due to a strictly local cause, the other manifestations of a blood dycrasia

would in all probability not be evident, and the patient's history would have been different.

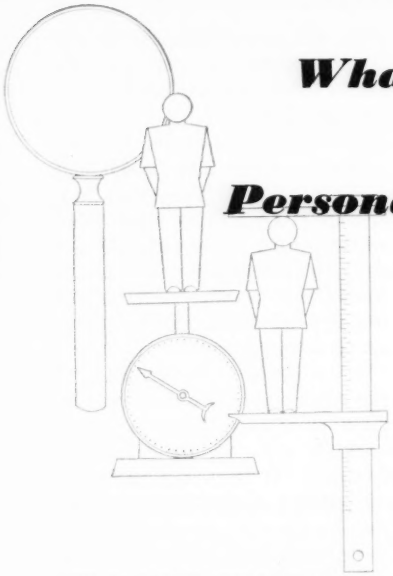
The black and blue marks on the patient's body are known as ecchymosis, or purpura. The former word is Greek for "a squeezing out," and the latter describes in Latin the purple color of the skin. Both refer to the subcutaneous extravasation of blood which is often accompanied by petechiae in the oral mucosa. These occur as small crimson spots caused by the same process of extravasation. They are frequently overlooked or assumed to be the result of a bite. A characteristic of these various extravasations is that they do not blanch when pressure is applied to them. Hemostasis, the stopping of escaping blood, is accomplished when the fibrin clot retracts and plugs up the wound. Blood platelets are essential for proper clot retraction; therefore, when platelets are insufficient in number, the blood clot does not retract adequately and it permits the blood to continue oozing around it despite a normal clotting time. The spleen, although it is a blood-forming organ, also tends to destroy the blood platelets when it becomes diseased or enlarged. Hence, in our patient's case, it is not surprising to find that the petechiae and the gingival hemorrhage in the mouth, together with the ecchymosis in the skin and the other symptoms and signs, are all part of a syndrome which helped the dentist suspect that the underlying cause was a thrombocytopenia (poor clotting power of the blood) related to a pathologic condition of the spleen.

In the mind of some reader of this report there is sure to rise the question of how the dentist is to establish a fee for the service he rendered. At this moment, when the public's mind is conditioned to recompense a dentist only for what he does and not for what he knows, the question is a serious one in office management. However, there is plenty of evidence that the attitude of patients is changing. They are willing to pay for knowledge as well as for skill. If they are not, some at least are considerate enough to ask, "Do I owe you anything, doctor?"

431 *West Oakdale*
Chicago, Illinois

EASES HER CONSCIENCE, BUT WHAT CONFUSION!

AN ABSENT-MINDED woman of Kensington, Maryland, was not only 14 years late in paying her dental bill, but mailed her check to the wrong man, enclosing a 3-cent stamp and requesting a receipt. Albert Koweek, the recipient of the check is not a dentist. He sent it on to his cousin of the same name, a dentist residing in Hudson, New York. However, the dentist cannot read her super-artistic signature, and must make a trip to the warehouse to consult out-dated files. If he cannot locate the name he will return the check, using her 3-cent stamp, to "Patient, Kensington, Maryland."—*New York Journal-American.*



What Is Your Personality Rating?

The personal impression you make upon your patient determines his reaction to you and your treatment far more than your technical skill.

BY S. JOSEPH BREGSTEIN, DDS

TELEVISION performers are as keen about watching audience reaction as stockbrokers are in observing the market ticker. There are various polls which rate the TV actor. These determine his longevity on a sponsor's program.

Dentists also are rated by their sponsors—their patients.

Performance and delivery of excellent craftsmanship in dentistry are not sufficient to assure a successful career. While these factors are among the essential, nevertheless, the personality of the dentist carries a substantial weight in determining the progress or failure of his practice.

Your audience is made up of your patients. It never loses sight of those "little things that mean a lot." People may enjoy the benefits of the fine dentistry you perform for them. But, how do they rate your personality?

Performers who display warmth, consideration, enthusiasm, and friendliness, have a high rating. Conversely, the person who is brisk, aloof, self-centered and cold, inevitably fails.

You may be called upon to administer treatment that is discomforting. It is your unpleasant task to tell a young woman that all her teeth must be extracted. She knows that this entails injections, surgery,

some pain, and wearing some artificial appliance. She dislikes your treatment plan and perhaps, subconsciously, dislikes you for this decision. Here is where your personality has its opportunity to demonstrate understanding and compassion so that this patient will rate these traits in you, and not rate the act of performance.

Notice your own reaction when you watch characters in a play. You may come home with an intense desire to strangle the lead for the meanness portrayed in Act III. However, you admit he is a finished actor and gives a fine performance. You love him for his talent, for his ability to depict a personality, or a situation.

Your patient may dislike what you do to his oral tissues during treatment, but he soon forgets this, thanks to your respect at every step for his feelings, his sensitivities, his emotional reactions.

Many people who have to face situations such as oral rehabilitation have a sense of frustration. They feel that fate has singled them out.

"Why did this have to happen to me?" is a common thought.

Pain Not Exclusive

You assure them that their predicament is not a lonely one. You mention that they have much company. Cite instances of how others have profited from modern dentistry's ministrations and how much happier they are today. Perhaps you, yourself, have experienced similar procedures in your own mouth. Tell the patient how much better you have felt in terms of health, comfort, and appearance.

We like people who tell stories about themselves. Notice audience reaction when the comedienne does a routine about her weight, her husband, or how she backed her car into a neighbor's petunia garden.

This is her technique for bringing the audience right up to the footlights. Every listener has had a similar situation. The audience likes this narrator, because she is now one of them.

How we all chuckle and then split sides laughing at the stories of the homespun humorist who tells what mama did with the children. His great success is the way he tells it and how it is timed. You relive your childhood with him and see yourself in similar situations. The humanness of his stories brings about a kinship with his listeners.

No patient should be ridiculed or referred to, for example, as a "dental cripple." His reasons for neglect may be valid. We should always think, "There, but for the Grace of God, am I."

Each patient has his own problems. He may have just come to you after a spat with his wife. She may have just finished the day's washing and had a telephone call from her mother-in-law.

Do not add to their fury by

admonishment for neglect of teeth. Cheer such patients with a pleasant "Howdy," and perhaps a humorous incident that happened yesterday. Then, compliment them for visiting the dentist as soon as they were able to.

There is nothing more refreshing than a sincere smile, an optimistic outlook, and a good sense of humor.

If you want to build a practice of lasting success, be yourself and come forth with those traits that attract people to you.

In this way, you will be able to introduce the four great freedoms in dentistry[1]:

Freedom from pain
Freedom from infection
Freedom from disfunction
Freedom from disfigurement

Recently, I listened to a group of teenagers discussing their term marks from high school. One had an 85 average, another received a 79. A third student said she rated only a 72, but felt that the teacher should have given her at least an 80.

Her friends asked her a one word question "Why?" which she was unable to answer.

Isn't this the way of life in business, in the social sphere, or professions? We are constantly being rated by those about us. The fellow who succeeds, does not achieve that goal by chicanery, influence or anything other than, as Winston Churchill wrote, "Blood, Sweat and Tears."

We receive only what has been earned. The teacher rates his pupil according to effort, ability and performance. Patients likewise give their dentists ratings commensurate with what they have earned.

454 *Bay Ridge Parkway*
Brooklyn 9, New York

[1]Blackberry, Philip: Practice Management Workshop, University of Michigan, 1953

THE LABORATORY CRAFT

THE DENTAL laboratory industry as presently constituted includes all kinds and conditions of organizations and every conceivable type of technician. There are commercial dental laboratories, which turn out prosthetic and orthodontic appliances of the highest quality attainable—and there are those whose product does not belong in the human mouth. We have technicians of consummate skill and finesse who produce works of art, and we have so-called technicians who belong strictly in the "plaster boy" category. What is needed is a method to sort out the wheat from the chaff, so that there may be brought into existence a real dental laboratory entity; an organization which will include all qualified ethical laboratories and technicians, whose members can know that they are a part of the dental community; that they may have an opportunity to develop a sense of responsibility and of pride in their craft, and in their position in it.—*Illinois State Dental Society and Illinois Dental Laboratory Association.*

So You Know Something About DENTISTRY!

? ? ? ? ?

BY ROLLAND C. BILLETER, DDS

CXLVIII

1. Should extractions be performed soon after roentgenotherapy? _____

2. Inlay castings that come out too small or tight indicate that (a) more, (b) less, compensating expansion is needed. _____

3. True or false? The high V-shaped vault offers the least retention by adhesion for the denture. _____

4. The oblique line of the mandible gradually flattens out and disappears, as a rule, near the lower border in the region of the (a) first molar, (b) first bicuspid, (c) cuspid. _____

5. Are oil sterilizers indicated for high speed contra-angles? _____

6. Vasoconstrictors (a) do, (b) do not, coagulate blood. _____

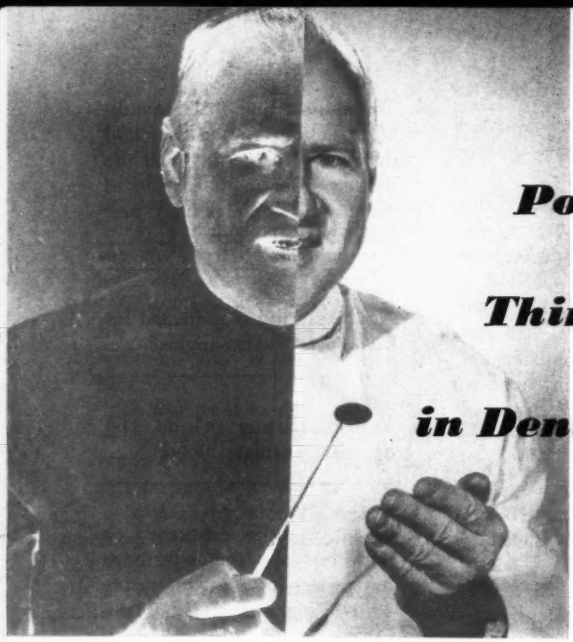
7. So far as fit is concerned, is there any apparent advantage in processing a self-curing resin at higher than room temperature? _____

8. True or false? Tumors arising in the anterior two-thirds of the tongue tend to be better differentiated and have a somewhat better prognosis than those occurring in the base. _____

9. Which root diverges more from the axis of the crown in the upper first molar? (a) lingual, (b) mesiobuccal, (c) distobuccal. _____

10. Amalgam has (a) 2.2, (b) 4, (c) 6, times the coefficient of expansion of tooth structure. _____

FOR CORRECT ANSWERS SEE PAGE 72



Positive Thinking in Dentistry

BY HARRY C. PEAKE, DDS

"LIKE attracts like." That is one of the truest phrases ever put in print. Like *does* attract like. A smile will get a smile from the other fellow, and a growl will get a growl—or maybe a full fledged roar! Wear a sour face, and meet sour faces all day.

Have you ever been in a room full of cheerful companions when a stranger walked in? The stranger was wearing a long face, and immediately everyone in the room became restrained. Laughter went out the window. Why was this? Simply because the stranger was giving off such powerful negative vibrations that he influenced the thinking of everyone within reach. And those rays or vibrations do not stop within a few feet, any more than x-rays do. They can also penetrate walls, and if a person absorbs enough of them, they will destroy him.

Most people do not realize that they give off thought waves just as a radio station sends out radio waves. When radio waves are picked up and have been translated by a proper receiving set, they reach the listener as music, comedy, or propaganda. Similarly, when we send out thought waves or vibrations, they are picked up by other

In your daily practice are your vibrations negative?

persons, and their thoughts are influenced by these vibrations.

"What has all this to do with dentistry?" you ask. Let us look at a few dental applications. Suppose you open your mail before the first patient of the day presents. You find a letter telling you some cherished plan has gone haywire—or that someone is going to drag you into court on some pretext or other. Perhaps you get a telephone call from the school where your hope and joy is learning his ABC's. You are told he is not making his grades. What happens then? That's right. Most people put on a long face and go around giving off negative vibrations.

The first patient comes in and immediately feels a negative influence. He does not know what is affecting him, but he knows something is making him feel uncomfortable. There is a feeling of tension where there should be an atmosphere of complete relaxation. As a result, he is more nervous over dental operations. So dentist and patient go on building up tension in each other until the appointment is over. This gives the dentist a good start, and before the day is over he is about ready for the men in white coats. When he goes home he tackles junior in such a way that no good is accomplished. If it is a legal tangle he is mixed up in, he has half lost the case before he knows what it is all about.

Did you ever begin a tough extraction with a defeatist attitude? "What if it breaks?" you may think—and just about that time there is a grinding snap. That is something which is hard to explain, but it has happened far too often to be coincidence. In some way the negative thought has affected your action.

Do you remember learning to ride a bicycle? You are bowling along downgrade when you see a deep rut or other obstacle which you know must be avoided. You should think: "To heck with the rut. There's plenty of smooth road. It's nothing to worry about." But do you? Of course not—if you do, you will avoid it, and will not even remember the incident. What you are more likely to think is: "I've *got* to miss it. I'll fall if I don't." And the closer you get to it, the more negative your thoughts become. What happens? You land right in the middle of the rut or hit the obstacle.

Negative Thoughts—A Danger

The same thing happens every day in dental offices. As soon as negative thoughts are set in motion, difficulties arise. Of course, you will surmount them—just as you picked yourself up, brushed off the dust, and went on your way with the bicycle—but you will not be happy about the whole affair.

And when it is boiled down to "the last delicious drop," what is there to be obtained from life but a feeling of happiness or well-being? Virtually every human desire stems from a longing for a feeling of well-being.

What Is Your Ambition?

We want large practices. Why? Because we make a lot of money. Why do we want a lot of money? Because we can buy the things we need. Why do we need them? It might be to give us more power, more comfort—or to get the girl of our dreams. In any case, what does all that amount to? Simply a feeling of well-being or happiness.

We may look at it from a higher plane. We want patients because we can do good for them. Why do we want to be of service to them? Various answers may be given, but the *real* one is that it makes *us* feel good when we help others.

In the last analysis, no matter what we are striving for, it all comes to the same thing—the craving for a feeling of happiness or well-being. If what we accomplish does not bring that feeling, what have we gained? We accomplish what our positive thoughts direct us to do. Negative thinking produces negative results, which do not bring happiness.

To be able to think positively is the greatest asset a dentist can acquire. When you have learned to think positively it will not only affect your days in the office, but your whole life. It is not easy, particularly when surrounded by people who think negatively and throw off negative vibrations. But when you have acquired it, the reward is infinite.

Think positively. Act positively. And when you speak, speak with authority.

Parkhill, Ontario
Canada

DRAFT OF DENTISTS AND PHYSICIANS

THE SPECIAL draft law passed in 1950 that permitted the induction of physicians and dentists up to the age of 50 will expire in June, and the Department of Defense has let it be known that next year the military will rely instead on the regular draft to get its medical staff. More than 30,000 physicians, dentists, and veterinarians have been called to duty under the provisions of the law, which was extended in 1951 and 1953 and again in 1955.

The American Medical Association and the American Dental Association have long protested that the law was discriminatory. Under the regular draft, men under 35 may be inducted.—*Science.*

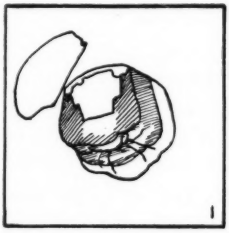
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

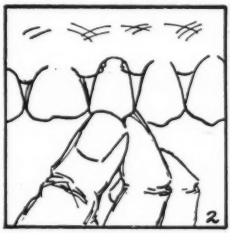
Restoring Buccal Wall Without Weakening Tooth Structure

BY STANLEY SCHWARTZ, DDS

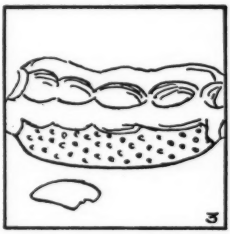
Drawings by Dorothy Sterling



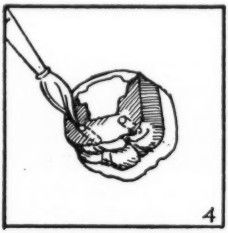
Buccal wall has broken away from bicuspid with large MOD restoration.



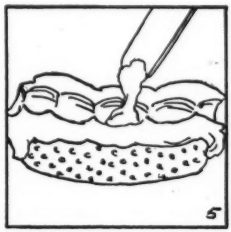
If patient has saved the broken section, place it in position on the tooth. If not, carve the shape in white wax.



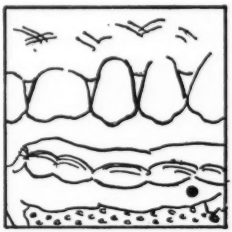
Take an alginate impression including adjacent teeth. Remove tooth section (or wax) from the impression and allow the alginate to set for 10 or 15 minutes to stiffen.



With a No. 35 inverted cone bur, drill two divergent holes into the tooth or into the inlay. Brush the proper shade of fast-setting acrylic into these retention holes.



Using enough acrylic in the impression to replace the missing section of tooth, seat the impression on the tooth. Hold under pressure until acrylic sets. (Use a base under the acrylic if necessary.)



Remove the impression. Trim the restoration. Adjust occlusion. Pumice and polish the acrylic.

"Sh-h-h" Keep Quiet on These Subjects

BY ERNEST W. FAIR

IN THE day-to-day operation of a dental practice there are many subjects that are always best avoided, no matter what the temptation may be, subjects upon which you should keep a most discreet middle course, no matter how well you may know a patient.

We have asked a number of successful dentists about these subjects and from the advice they have given we have compiled a list, which will enable any reader to avoid making enemies even if he cannot make a friend of every person who comes into his office.

These are the subjects which, when they do arise, should be changed as speedily as possible, and above all the subjects that you should never bring up in your office conversations.

POLITICS: Yes, all of the way down from Washington to the members of the town council, the subject of politics should be avoided at all costs. There are some people who can discuss their point of view with opponents of their ideas and not become prejudiced against the other fellow, but they are few in number.

RELIGION: Here is one of the most definite taboos of all, for a person's religious beliefs are more sacred to him than anything else in this world. A wise dentist will limit his remarks, when talking with a patient, to "It's a good thing."

PEOPLE'S REPUTATIONS: When you talk about someone to a patient in unflattering language, it is almost certain that patient will suspect you indulge in similar conversation about him when he is not

A careless remark may start a chain of unpleasant reactions harmful to your dental practice.

around. Even though the person discussed is the type who could well be horsewhipped on the hour every hour, it is always good procedure to keep quiet when discussion of another's reputation arises among your patients.

OTHER DENTISTS: Yes, indeed, you may well know that some other dentists are full of guile and deceit, that their skill is inferior, that there is no low conniving deal those fellows would not pull; nevertheless, the wise dentist had best let patients find out for themselves. Such discussions only cheapen the reputation of the dentist who indulges in them.

YOUR OWN PROBLEMS: None of your patients care particularly about any of your personal professional problems, and to discuss them only means that they will be spread, with great embellishment, about the whole community. Patients are primarily interested in the dental service they are to receive—not in the professional problems involved in bringing that service to them.

A PATIENT'S DISSATISFACTION: No professional man has ever been able to practice without dissatisfied patients, for no matter what one does there are always dissidents who will never be satisfied—and these are the people who talk the loudest and most often. When what they have said has been brought up, the best answer runs something like, "Well, sir, you know it's just impossible to satisfy everyone—we all have our own personal likes and dislikes. Take automobiles, for example, they are all good yet you have little personal likes about your car that make you think it is the best, and the same holds for me. We both know each other's cars are good ones just the same."

YOUR OWN COSTS: The person who is not engaged in dental practice seldom has even the faintest idea of what overhead costs are and how much it costs to operate that practice. If you mention your basic costs on something, you can easily get that patient to thinking only of the difference in the price you have mentioned and the cost to him—and thinking of that difference as *ALL* profit for you.

FORMER EMPLOYEES: People in general are natural gossips; only some are worse than others. The worst of these love to hear you say unkind things about a receptionist or assistant whom you have dismissed. Answering a query with, "Oh, it was just a difference of opinion," is far better than giving such a person a chance to spread other remarks you might make, distort them, and create an unfavorable impression of the dental profession.

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THE MONEY YOUR PRACTICE MAKES OR LOSES: If you boast about how well you are doing the word spreads that you are making too much profit, charging too high fees, or shaving corners and cheating your patients. If you bewail your losses the message spreads about that your practice is on the rocks and you should be avoided at all costs—and that is exactly what patients will be doing.

LOCAL QUARRELS: The city or town does not exist wherein some local quarrel is not going on at all times—whether between one businessman and another, between groups or clubs, political parties, local newspapers, or just plain people. Taking sides in these quarrels alienates the friendship of the other side in almost every instance—something most difficult to win back in the future.

FINANCIAL TROUBLES OF OUR PATIENTS: If a patient should owe you money past the due date, that is the business only of your patient and yourself; not of others. Discussing patients who are late in paying their bills is the worst kind of talk, for that is one of the subjects that gossips thrive on and love to spread.

ANOTHER DENTIST: The fellow who brings tales to you about another dentist is sure to try to pry out of you something he can carry on down the line, and the chances are he will tell just who gave him the information.

PATIENTS' PHYSICAL AFFLICTIONS: Mrs. Brown may feel that her 295 pounds are enough to carry around without having people make fun of them, and Mr. Jackson may wish he had more than 90 pounds on his six-foot frame, but he sees nothing humorous in his personal appearance. The same holds true for the mentally deficient, the crippled, the afflicted, and all who may deviate from the so-called normal.

There are many more such subjects, but these are the ones most often quoted and which stand the greatest chance of leading to trouble, lost practice, and alienated friendships for your practice.

Box 231
Boulder, Colorado

ONE SET OF DENTURES—TWO CLAIMANTS

THE Police Department of Port Huron, Michigan, has a real situation to solve—two claimants for one set of dentures.

An upper set of dentures was found on a nearby Lake Huron beach last week. Albert Allen claimed them, saying he had lost them five years ago while swimming; and his new set of teeth seemed to match those found. Now Henry Albert says the teeth may be the ones he lost while swimming three weeks ago.

Officers said they would arrange a meeting of the two men to solve the difficulty.—*Nell M. Freeman, Christoval, Texas.*

DEAR ORAL HYGIENE

Amazon Expedition

The article in July ORAL HYGIENE by Doctors Hans H. Newman, and N. A. Di Salvo[1] of Columbia University describing their Amazon scientific expedition to hunt for clues on the cause and prevention of dental caries was highly informative, but no revelation to me. For fifty years I have been advocating and practicing the use and thorough mastication of hard crunchy food to exercise and strenghten the teeth and gingivae, thereby preventing dental caries and ensuring better health. I did not travel to distant lands to study and investigate primitive people to obtain scientific proof, but discovered the facts not by scientific study but by empiricism in my dental practice.

Back in 1906 a patient whom I admonished on lack of attention to the care of his teeth, retorted that he observed among his clothing shop employees men showing sound teeth despite the fact that they paid no attention to dental prophylaxis. My interest aroused, I paid a visit to the shop during a lunch hour. I met these men with sound teeth —Italian and Russian immigrants. I took notice of their luncheon food. It consisted of hard crusty rolls or bagels, sandwiches of hard cheese or bologna on rye bread and raw fruit for dessert —no mushy doughnuts or cake. I had a few of these men come to my office for further examination and prophylaxes. On questioning their mode of living and eating habits, I learned that, from childhood in their native countries, their diet consisted of plain natural foods, coarse crunchy cereals, hard or stale breads, uncooked vegetables, fruit, nuts, smoked fish and some meat—all of which required hard chewing. No pastries nor sweets were used.

New Diet Tested

I decided to test out myself and a few patients on the hard, slow chewing diet regimen. After a trial period of several months, I began to observe its beneficial effect in developing sounder teeth and healthier gingivae, and in curbing both calculus accumulation and pyorrhea.

Convinced by even further investigation, I began to advise patients of its efficacy. I contributed to local newspapers articles emphasizing the importance of thorough chewing of foods in the prevention of dental caries. In 1908 I wrote a pamphlet on THE WHY AND HOW OF THE TEETH originally intended for distribution to my patients. However, it received the approval and editorial endorsement of the editor of DENTAL DIGEST. He recommended that the pamphlet be given wider circulation. This resulted in many requests from dentists all over the United States and nearly 200,000 copies were sold to dentists at the cost of printing.

Later, in 1925, traveling through Italy, in several towns I interviewed a number of natives who showed possession of sound teeth. My earlier investigations in the United States were confirmed—those persons avoiding mushy foods and thoroughly chewing harder crunchy foods, retained their teeth, free from caries, and enjoyed better health.

In my teenage years I unwittingly

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[1]Newman, H. H. and Di Salvo, N. A.: Amazon Expedition Hunts Clues to Dental Caries, ORAL HYGIENE **46**:839 (July) 1956.

patronized some unscrupulous advertising dentists, who, instead of restoring some slight cavities in my teeth, needlessly extracted five of them. Since my entry into the study and practice of dentistry, and largely as a result of my adoption of the habit of thorough chewing of food, I have retained all my remaining teeth in vital condition with firm gingivae and without the loss of a single tooth in over fifty years.

Observing the good results in caries prevention achieved by those of my patients who followed the hard food chewing procedure, I can heartily endorse the findings of the Amazon expedition.

The dental profession could render a great service to humanity by enlightening and educating the public to avoid their hurried mushy diet, and by recommending the use of crusty, harder food. Chew more slowly, enjoying greater flavor in food; exercise the teeth and gingivae, thereby preventing dental caries and ensure better health and longevity.—Charles Askowith, DMD, 8 *Longfellow Road, Cambrige* 38, *Massachusetts.*

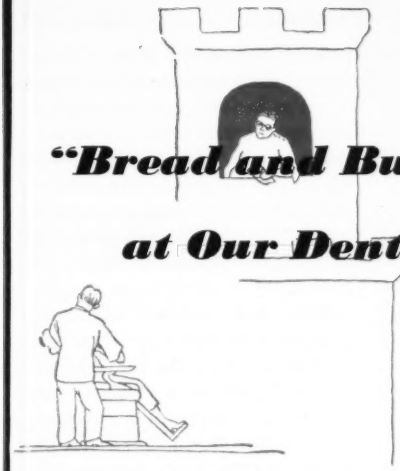
WHY DENTISTS SHOULD WRITE PRESCRIPTIONS*

THE PRACTICE of dentistry, as we understand it today, cannot be considered as a purely mechanical art dealing with local depletions and restorations. The modern dentist considers the body as a whole, and the mouth and its contained organs as part of the body, subject to the same principles of physiology as elsewhere. The mechanism of inflammation and pathologic changes that occur in and about the oral cavity do not differ in principle from other abnormal tissue deviations.

Certain systemic diseases often develop oral manifestations that the dentist should be able to recognize. While the treatment of systemic disease is primarily a problem of the physician, there are occasions where care of the oral condition is the major consideration, and the entire responsibility of the dentist. To meet this responsibility, the dentist must rely on the prescribing of various medicines, systemically as well as by local application.

Patients with a history of rheumatic heart disease facing dental extractions or other oral surgical procedures should be given pre-and postoperative antibiotic therapy in order to prevent exacerbation of healed valvular lesions. Again, the diabetic patient, although primarily a medical problem, may face a certain risk when undergoing oral surgery. The use of adequate antibiotic therapy in these patients, whose diabetes is under control, will lessen the incidence of delayed healing due to the low tolerance from surgical trauma.—J. R. CAMERON, DDS, *Symposium on Dental Prescribing*

* A complete copy of the symposium on Dental Prescribing is available on writing to the Chairman, William T. Fink, 1129 Fisher Avenue, Philadelphia, 14.



"Bread and Butter" Talks at Our Dental Meetings

BY DAVID TABAK, DDS

Is the irritant of scholarly discussions to be avoided by dental groups?

WHEN looking for a sure-fire formula for a popular lecture or clinic, all you need to do is, take an involved bit of scientific theory, shake it free from its recondite cast, turn it into simple language, pepper it with a few bits of unvarnished vernacular, show its immediate applicability and money-making possibilities—and you have carried the day—or evening. "The man talks sense" will invariably be the verdict. All the lecturer has to remember is not to stray far afield from familiar experiences; he must relate his subject matter to, and make it grow out of, basic practices. In other words, in expounding theory, one must not lose contact with reality; abstruse ideas must be but extensions and elaborations of what the audience already knows. In a larger sense, this points up the difference between orderly progress and violent attempts at reform; it lies in the inclusion, or exclusion, of our cultural heritage as a starting base of operation. With that base well in hand, one could safely add to it and feel sure of moving forward; without that base, our advances would be but half-baked heroics that would crumble and vanish with the next sunrise.

Now, what if a lecturer, fresh from his ivory tower, refuses to be tethered to "bread and butter" material and allows himself the intellectual pleasure of floating away on the wings of scientific fancy?

What if such a scholar addresses his audience on the assumption that it consists of professional men whose minds have long ago been aroused and conditioned to a lively pursuit of abstract thought? How long would the man be able to hold his audience wide awake? In their drowsy state many of the men would soon be nudging one another and whispering irreverently, "What a lot of starch! Who wants to know all that?" Presently, by some strange working of wireless cataphoresis, this bored reception would communicate itself to the speaker who would then either apologetically "come down to earth," or, he would gather up his papers and leave in a huff. Yet, we bread and butter men do so need the irritant of scholarly discourse lest we come to think that we can really live by bread alone.

Be Objective

Stepping back a pace and taking an objective view, one notices, with some alarm, the development of centrifugal and centripetal forces within the profession. At the time when privately owned, commercially run dental schools became affiliated with universities, feeling ran high that we were about to see the birth of a new concept of a modern dentist, one that would add a new dimension to his stature. The aim became not only to train capable dental practitioners, but men of culture in whom the fire and the joy of intellectual pursuits were to be kept at their full glow of insatiability. Such men would, no doubt, reject as beneath their professional dignity any idea that came to them sugar-coated. They would want their ideas handed to them straight and without pomposity. All of which stirred and excited the imagination of the entire dental profession.

But, alas, so far it has not worked quite that way. That beautiful flame of intellectual curiosity, that hallmark of a cultured man, is having a hard time surviving. Dentists find themselves pushed into the labyrinthian grooves of a mechanical world with the iron dictum facing them: either this, or perish. They have to smudge their fingers in cement and plaster, and a frighteningly rising congeries of new impression materials; they have to burn their hands in castings and porcelain ovens; they have to outline and demonstrate to dentally ignorant patients various treatment plans; they have to be mindful of what the other man charges for similar service and be careful not to step out of line. In other words, like it or not, our man has to meet competition in the raw, and that, as we all know, is incompatible with culture and high professionalism. This is why our men fidget in their seats when listening to "theory." For, in the heat of competition, attitudes are born that sweep before them carefully nurtured suavity and broad approaches, and which, finally,

make our men prefer "bread-and-butter" talks, university affiliations notwithstanding.

Spirit vs. Things

Here we see the tug-of-war between the two opposing forces we have mentioned: the university-bred man, of wide scope and horizon, unprejudiced, keenly interested in the life of the spirit; but thrashing about helplessly in the midst of an office stacked to the ceiling with ever-changing, ever-renewable gadgets, meeting salesmen, ordering supplies, repairing mechanical parts and fighting, always fighting animate and inanimate obstacles so that he can survive and hold his own, so that he can put up a more effective fight.

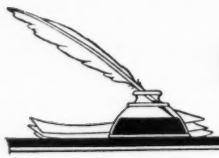
By the time our man attains a measure of financial security, new, more earthy attitudes are found to have taken over; the university influences have all but yielded to the more prosaic bread-and-butter demands of the moment, which, after all, is hardly to be wondered at. The physical needs of man and the agitations and fears that accompany their fullfillment go back millions of years, while his higher faculties are still flexing their muscles in the sudden glare of a new sun arising.

335 *South 2nd Street*
Brooklyn 11, *New York*

A WATER SUPPLY PERSPECTIVE ON THE FLUORIDATION DISCUSSION

THE ADDITION of fluoride to the public water supply is not concerned with its purification, improvement in quality, or providing an additional factor of safety. No one has suggested that water is a cause of dental caries in children. The essentiality of fluoride as an element in nutrition has not been established, and there is a considerable amount of information which reveals that low caries rates may obtain in nonfluoride water supply areas. There is no question about the toxic character of fluoride even when ingested in small quantities. It is evident from the proponents' data, that the margin between claimed benefit and hazard is extremely narrow, poorly understood, and not compatible with safe water supply practice.

No satisfactory reason has ever been advanced why everyone in a community must be compelled to risk a lifelong extraordinary intake of toxic fluoride. Unsuspected and unbridled exposure to fluoride can lead to health hazards, and in any event an extra-ordinary intake increases the risks involved. In the light of existing derogatory evidence, it is not possible to add fluoride to the public water supply at the recommended level and maintain even a nominal factor of safety.—BENJAMIN C. NESIN, *Department of Water Supply, New York City.*



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

Every Dentist Should Write Prescriptions

EVERY DENTIST has had some training in pharmacology, materia medica, and therapeutics. As part of this training he has been taught to write prescriptions. The laws of every state recognize his qualifications. The Federal government issues narcotic registry numbers to dentists on application and on the payment of the one dollar yearly licensing fee.

In an effort to determine how many dentists write prescriptions and for what pharmaceutical products, ORAL HYGIENE conducted a detailed survey among a group of dentists in every state and the District of Columbia.

The results of this study established these facts:

	Prescribe Regularly	Prescribe At Times	Recommend Regularly	Recommend At Times	No Answer	Total
Analgesics	37%	30%	7%	18%	8%	100%
Sedatives	26%	54%	2%	9%	9%	100%
Vitamin-Minerals	14%	40%	2%	32%	12%	100%
Other Dietary Products	4%	13%	7%	26%	50%	100%
Antiseptics and Mouth Washes	18%	19%	13%	38%	12%	100%
Laxatives	2%	8%	1%	39%	50%	100%
Dentifrices	13%	5%	24%	38%	20%	100%
Tooth Brushes	24%	8%	27%	33%	8%	100%

Prescribe Regularly in one or more of these classifications 60%
Prescribe At Times in one or more of these classifications 31%
Prescribe Regularly or At Times 91%

Since dentists were asked whether they *prescribe* (*in writing*), or *recommend* (*verbally*), the use of drugs and pharmaceuticals in any of the eight classifications listed, it is safe to assume that the term,

"prescription," was *not* misunderstood, and that the majority of these dentists *do* write prescriptions for pharmaceutical products.

Although the antibiotics, narcotics, newer tranquilizers, and muscle relaxants, were not included in the original study, a subsequent survey showed that 91 per cent of dentists prescribed antibiotics, 76.6 per cent the tranquilizers and relaxants, 74.8 per cent narcotics. Of the respondent dentists only 5.1 per cent did not prescribe drugs in these categories.

Another sign that suggests that dentists are using their legal privilege to prescribe more often is the increasing emphasis in dental society programs and in dental seminars on the subjects of pharmacology and therapeutics. A further evidence is the increasing interest being shown by manufacturers of pharmaceuticals in exhibiting their products at dental meetings, sending detail men to dental offices, and advertising in dental publications.

The dentist who writes a prescription adds dignity and authority to his professional recommendations. The dentist who merely *tells* his patient to buy a certain drug or product cannot expect the patient to take the advice too seriously. In addition, there is the danger of being misunderstood. It is always safer to put instructions of any kind in writing where there is the possibility of misinterpretation.

Writing a prescription merely to impress a patient would be reprehensible. Prescribing any drug that was not indicated or needed by the patient would be quackery. *Not* giving a patient the advantage of modern pharmaceutical knowledge and denying him the use of anything that would be helpful would be deplorable.

The conscientious dentist will give careful consideration to the needs of the patient. The dentist will acquaint himself with the latest developments in the expanding field of pharmacology and biochemistry. He will make this knowledge available for the welfare of his patient. If a prescription is indicated to implement this knowledge the dentist will not hesitate to write one.

Edward J. Ryan

Dentists in the NEWS

Nashville (Tennessee) Tennessean: Doctor William P. Fly, a Nashville dentist who graduated from the University of Tennessee Medical School at Memphis in 1906, was honored by the University at its commencement exercises in September. Doctor Fly was presented with a Golden "T" certificate at a special ceremony in recognition of the service he performed for his community during the last fifty years. Doctor Fly won his degree of doctor of dental surgery from the dental department of the university, which later became the University of Tennessee College of Dentistry.

Columbus (Nebraska) Telegram: A former Columbus dentist, Doctor Clifford D. Deford, has been elevated to the rank of rear admiral in the United States Navy, and is presently serving as commanding officer of the Naval Dental Clinic at the Philadelphia Shipyard. He is one of only six rear admirals in the United States Naval Dental Service.

Another Nebraska graduate, Rear Admiral Alfred Harris, is Chief of Dental Services, at the Great Lakes Naval Training Station.

Wheeling (Ohio) News-Register: Doctor Michael L. De Marco of Bellaire has created a statue of Father Serra as his contribution to the Belmont County Serra Club. The statue has gained in fame as it was presented to guests of club gatherings, until now the demand for it is coming from far away places.

Doctor De Marco carved his first "Father Serra" from a block of wood, then revamped it and made a permanent model from the artificial stone used in making a cast after an impression has been taken for dentures. He then constructed a mold and began turning out quantities of the statues. Doctor De Marco, faced with a large production job, called for aid and club members responded. The statues are being sold in sufficient quantity now to realize a substantial sum for the Bloomingdale seminary.

Kansas (City) Missouri Star: The most successful football coach in Kansas history, Doctor A. R. (Bert) Kennedy, celebrated his 80th birthday October 24 in his Lawrence dental office. Doctor Kennedy, now in his fifty-third year as a dentist, compiled a 53-9-4 record with the Jayhawkers from 1904 through 1910, including a perfect season in 1908. He also coached at Haskell from 1911 through 1915, and at Washburn in 1903, 1916 and 1917.

Uniontown (Pennsylvania) Standard: Doctor H. D. Wilkins of Clarksville, Pennsylvania, has followed his hobby of collecting data and photographs of river steamboats for decades, and has amassed what is probably one of the largest collections of its kind in the country. To assemble this material he has travelled to many distant places, and has spent a great deal of time poring over government records, old newspaper files, and other sources of information.

Doctor Wilkins' grandfather, Captain H. D. Wilkins, was a Monongahela

River skipper in the heyday of the river packet passenger and freight trade. This was an era in American history made famous by Mark Twain and other writers of the period. It extended from shortly after the Civil War to the beginning of the present century.

Columbus (Ohio) Citizen: A photograph of a gnarled, windblown Jenifer pine tree high atop Sentinel Dome in Yosemite National Park won a $50 prize in a national newspaper contest for Doctor John W. Butler, Wellston, Ohio. The photograph, taken on a recent Western vacation trip, was entered through *The Columbus Citizen* in the 1956 National Newspaper Snapshot contest, and was hung in the National Salon, Washington, DC.

Greensboro (North Carolina) News: Doctor Cameron H. Keels, Jr, who as a naval officer accompanied Admiral Byrd's recent scientific expedition to the Antarctic, has begun the practice of dentistry in Morganton. Before his discharge from service, Doctor Keels, a native of McCall, South Carolina, was a Navy Lieutenant aboard the icebreaker Glacier, flagship for Admiral Richard E. Byrd in Operation Deep Freeze in the phase of the International Geophysical Year program, which carried him into the South Pole area.

Newburgh (New York) News: Doctor Mitchell Rosenson, a member of the Osiris Country Club, holds the distinction of scoring two aces within 30 days during the 1956 season. Doctor Rosenson dropped his tee shot on the 180-yard fourth hole with a four iron. A month later he repeated the shot, but this time on the 120-yard eight hole. He used an eight iron for this feat.

Mobile (Alabama) Press: The Monroe County Wildlife Association has recently elected Doctor Sam A. Weeks of Frisco City as their president. Doctor Weeks has been serving as vice president of the county group for the past year.

Wilmington (Ohio) News: Doctor George Wileman, president of the board of the Briggs-Lawrence County Public Library at Ironton has been cited as "outstanding public library trustee of the year" by the Ohio Library Trustees Association.

Yankton (South Dakota) Daily Press & Dakotan: An offer of $1000 for his 1930 Duesenberg has just been turned down by Doctor Howard H. Morman. He stated that $1500 is the top offer he would refuse for the car in its present condition. The car, one of only about 400 of its kind ever produced, is in demand as a collector's item. It boasts a Murphy clear-vision sedan body style, which lifts its potential price tag even higher.

Middletown (New York) Times Herald: Doctor and Mrs. Andrew J. Hassler highly recommend a joint hobby for married couples. They have spent many happy hours in pursuit of their hobby, photography. Mrs. Hassler, an outstanding amateur, has three trophies and many awards and honors to her credit. The Hasslers recommend photography, because of the pleasure of picking up unexpected shots when out driving on Sundays, and developing them at night. Aside from the satisfaction of photography itself, Mrs. Hassler finds pleasure in teaching others. She has organized the Golden Area Camera Club and conducts a photography class in the Adult Education department of the local high school.

Wichita (Kansas) Eagle: A hobby of collecting paper money in high school has grown into an interesting and complicated one for Doctor Russell B. Snyder of El Dorado. The collection of this numismatist is unusual in that he

actually gathered a large part of it himself in foreign countries during his service in the Army, and by trading with other servicemen. His research on money of the ages has led him into other interesting fields, so that now he is considered an expert as well as an after-dinner speaker on the subject of foreign currencies.

Doctor Snyder has some five hundred unusual coins, from Roman pieces before the time of Christ to modern. They represent more than 115 countries. He also collects bills with unusual or beautiful watermarks on them. One must hold these to the light to find pictures of everything from birds to kings and queens.

Huntingdon (Pennsylvania) News: The general chairmanship of the annual appeal for funds in Huntingdon County to support the work being done to help the visually handicapped has been accepted by Doctor John C. Davis, a Huntingdon dentist.

Hartford (Connecticut) Times: The Hartford Dental Society has dedicated its new James M. McManus Room at the new Hunt Memorial. The late Doctor James M. McManus was a founder of both the Connecticut State Dental Society and the Hartford Dental Society.

Doctor A. N. Jorgensen, president of the University of Connecticut, gave the dedication address. He told the society members and their wives that the dentist of the future "will be backed up by the dental researchers, armed with all the apparatus of the modern laboratory for solutions to universal problems."

Atlanta (Georgia) Constitution: After forty-five years as a staff dentist for the Milledgeville State Hospital, Doctor George H. Green, 85, has retired. Ceremonies have been held in his honor by the Georgia Dental Association, and a bronze plaque in tribute to him has been presented to the superintendent of the hospital.

Rochester (New York) Times-Union: Rochester area dentists have contributed $1000 to the Albert D. Kaiser Memorial Fund. The Fund was set up last year after the death of Doctor Kaiser, city health officer, and has been used to establish a professorship of public health and preventive medicine at the University of Rochester medical school.

Doctor Frederick L. Agnew presented the check on behalf of the Seventh District Dental Society of the State of New York. Contributors also include the Rochester Dental Society and the Rochester Dental Study Club. Presentation was made at Brook-Lea Country Club after the annual physician-dentist-lawyer golf tournament.

Los Angeles (California) Times: "Peanuts," a nine-year-old white gelding, has been fitted with an artifical eye by Doctor Henry S. Subject of San Bernardino. Once a superior mount on the rodeo circuit, the horse lost its left eye when it stepped on a pitchfork which ricocheted and pierced the eyeball. Doctor Subject, whose hobby has been making and fitting artificial eyes and contact lenses for underprivileged children, says that as far as he knows this is the first time a horse has been so equipped.

Milwaukee (Wisconsin) Journal: Wisconsin has two sets of identical twins practicing dentistry to share this distinction with Doctors Harry G. and Thomas D. Williams of Shelbyville, Kentucky. Doctors James A. and Joseph B. Bucholtz are practicing as partners in Milwaukee, and Doctors Leslie E. and Lester M. Antonius are practicing in Madison.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Herbert W. Kuhm, DDS, 4718 West Lisbon Avenue, Milwaukee
Mrs. R. Lavender, 1357 Harrison Boulevard, Gary Indiana
Mrs. J. A. Murphy, 363 Chili Avenue, Rochester 11, New York
Doris Kiel, 552 East D Street, Ontario, California
Mrs. L. E. McWhirter, Fort Lamar, Danielsville, Georgia
Alexander Grower, DDS, 267 Main Street, Portland, Connecticut
Sue Springer, CDA, Ralston Building, Martins Ferry, Ohio
Mrs. Howard Soots, Route 1, Gibsonville, North Carolina
W. B. Gibson, Box 1593, Foley, Alabama
Thresa McGuffey, 5615 H. M. C. Apt. 12, Houston, Texas
B. F. Lockwood, DDS, 407 Maple Street, Yankton, South Dakota
B. E. Speice, 3311 14th Street, Columbus, Nebraska
Miriam Hassler, 5 Woods Place, Middletown, New York
Mrs. Helen Griffith, 209 East Lincoln, Tullahoma, Tennessee
Mrs. Mildred Cook, RFD No. 1 Osborn Road, Wilmington, Ohio
Mathilde Zimbal, 654 Madison Avenue, New York
Mrs. Howard Cochran, Box 1, Martinsburg, Ohio
Mrs. Mary Shamrock, 26 Jordan Street, Fairchance, Pennsylvania
John H. Rasse, DMD, Lafayette and Court, Marshall, Missouri
Mrs. R. F. Pierce, Box 408, Herington, Kansas
Mrs. Homer Baker, Route 1, Whitewater, Kansas
R. Y. Black, 408 6th Street, Huntington, Pennsylvania

Awards for items submitted for December* DENTISTS IN THE NEWS have been sent to:

Miss Monica Ambrose, 11 Riverside Drive, New York 23, New York
Mrs. Nell M. Freeman, Christoval, Texas
Jo Drake, Minier, Illinois
Adeline E. Cohen, Box 125, Uptown Station, St. Paul 2, Minnesota
Mrs. Virginia Ash, 408A Grant Street, Newell, West Virginia
Gerald Westreich, 150-36 87 Road, Jamaica 35, New York
Colonel William Perry, (Ret), Rittenhouse Claridge, 18th & Walnut Streets, Apt. 1107, Philadelphia 3, Pennsylvania
Mrs. Rufus M. Harris, 458 St. Francis Avenue, Niles, Ohio
Mrs. M. S. Nielson, 1160 Windsor, Salt Lake City, Utah
Mrs. Hazel Few, 6718 E. McNichols, Detroit 12, Michigan
Miss Louise Coffin, 29 Hollis Street, Worcester 10, Massachusetts
Merritt C. Pedersen, DDS, 1700 South 24th Street, Lincoln, Nebraska
Wallace M. Depew, 1606 Sanderson Avenue, Scranton 9, Pennsylvania
Patti Ducane, Box 361, Middleburg, Virginia
Mrs. Wayne S. Sharp, 2019 East Oak Street, New Albany, Indiana
Seth Powell, 9623 Church Avenue, Brooklyn, New York
Louis E. Baker, 229 Hamilton Street, Allentown, Pennsylvania
Mrs. Leonore G. Munger, 46-F Wherry, Fort Campbell, Kentucky
Mrs. Cecil Van Mills, 109-½ North 17th Street, Grand Forks, North Dakota

*Because of space limitations we were unable to publish the names of the award winners in the December issue until now.

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Impacted Maxillary Cuspid

Q.—Will you kindly give me some information on the best procedure to expose the incisal third of an impacted upper cuspid (palatal) which is required for support in orthodontic treatment?

I have removed a good many impacted cuspids wherein a considerable portion of the soft palatal tissue is detached, usually from necks of teeth and retracted so a good view can be had of the overlying bone. Exposing the incisal third of the crown, however, seems to call for a more conservative flap and special handling.

After locating the cuspid as well as possible with occlusal roentgenogram, would you suggest making an incision parallel with the long axis of tooth, retracting the tissue in both directions to expose the bone, removing the required bone, and finally removing from both flaps the soft tissue that covered removed bone? Should I also cauterize to temporarily prevent soft tissue from reestablishing itself?

Pictures would help if you know of such in a textbook or any published material.—H. M. C., Pennsylvania.

A.—The problem of uncovering the impacted maxillary cuspid presented in your letter is a difficult one to solve. If you are not accustomed to engaging in oral surgery I should advise you to call on an oral surgeon to help you.

The technique involves "laying back a mucoperiosteal flap over the impacted cuspid. The first incision should be made at a point between the second bicuspid and first molar and extending inward and backward at a slight angle toward the center of the palate and about two-thirds of the distance. The flap is then deflected from the gingival of the first and second bicuspids, deciduous cuspid and lateral incisor and half way across the central incisor. It is next raised and retracted to the desired position with care not to deflect it to the point where the nerve and artery emerge from the anterior palatine foramen."[1]—G. R. WARNER.

Geographic Tongue

Q.—I have a patient who has a geographic tongue, and has a constant burning sensation. This condition started two years ago. I have been unable to diagnose or treat this condition successfully. Is it at all possible that it might be the result of an allergy?—C. A. B., Colorado.

A.—The case of geographic tongue reported in your letter is a not too uncommon condition. I have seen some cases in which there were no subjective symptoms. In cases where there is a burning sensation soothing mouth washes may be employed. But further and more definite treatment consists of the administration of riboflavin

[1]Cogswell, W. W.: Dental Oral Surgery. Pittsburgh, Pennsylvania, DENTAL DIGEST, 1934.

and niacin in large doses (riboflavin 15 mg. and niacinamide 500 mg. daily). However, there is no known cure, but the foregoing treatment has been beneficial in some cases.[2] Your patient should be told that the condition does not lead to more serious diseases.—G. R. WARNER.

Erosion

Q.—I read your recent reply on erosion—may I have further information?

My patient, in his sixties, has the characteristic erosion on the four lower bicuspids. The depth of the erosion is nearly one-half the lingual-buccal thickness of the tooth, at the gingiva. The surface is hard and shiny.

Should these teeth be treated, and with what drug? Should they be filled, and what base material should be used so close to the nerve canal?—P. F. P., New Mexico.

A.—These deep erosions can be restored satisfactorily with pin-anchored gold inlays.

Four pin holes can be drilled with a 700-tapered fissure bur: Two of the pin holes toward the distal and two toward the mesial at a safe distance from the pulp area. These pin holes can be connected with shallower grooves to increase retentive form. There should be no deepening of the erosion cavity directly over the pulp. It may be advisable to protect the pulp where the erosion is deepest, with sedative cement. In adapting a wax pattern to such a preparation the softened inlay wax is carried to the bottom of the pin holes with a pumping puddling motion using a heated root canal plugger.—V. C. SMEDLEY.

Fractured Central

Q.—I have a patient (a boy, age 15¾ years) who broke off the incisal edge of the upper left central when he was 8 years old. This tooth has been somewhat loose, as well as the right central, ever since. A year ago in California, a plastic restoration was placed so as to build up the edge, but it only remained in place about a month. No undercut or retention was made. The teeth are all responsive to ice test (4 anteriors). He received a bump on the tooth four months ago, and the tooth hurt for about 8 to 10 hours.

I took roentgenograms of the centrals a month ago, and noticed a dark line across the crown of the tooth about the cementoenamel junction, which makes me concerned as to a possible old fracture of the tooth. I took more pictures this week, all of which I am enclosing.

I had thought about making a porcelain jacket or acrylic jacket over a gold thimble for the broken central. (The patient and parents object to gold showing.) As this will be rather costly dentistry I question this expense for fear the tooth might not last too long. I also thought about building up the incisal edge with plastic (brush technique) after proper retention is made, but this type of restoration has tendency to discolor I have found.

What do you recommend doing for a case like this?—R. E. W., Wyoming.

A.—You can buy transparent plastic crown shells and one of these can be fitted over such a tooth without much grinding of the tooth enamel; the broken corner can be restored with tooth colored plastic in the transparent shell which when set in place may

[2]Miller, S. C.: Oral Diagnosis and Treatment, Philadelphia, The Blakiston Company, 1950.

be retained for several years, until you feel sure the pulp has receded enough to make preparation for a regular jacket a safe procedure.

Your enclosed roentgenograms seem to indicate that this pulp may have receded sufficiently now, but no doubt two or three years later would be safer.—V. C. SMEDLEY.

Ropy Saliva

Q.—I am writing you with reference to a patient who has stringy, ropy saliva. She has always had this condition, and recently I made a set of dentures for her and there has been no improvement. I am wondering if this could be a systemic condition and what I could do for this patient?—M. J. M., Iowa.

A.—Your question about stringy, ropy saliva is difficult to answer. The physiology of saliva is most complex, but it has been determined[3] "that the parotid gland secretes a watery juice while the submaxillary and sublingual glands produce a sticky juice which is rich in mucus." Further, clinically it has been found that thick ropy saliva is often associated with a high caries susceptibility and that caries susceptibility can be at least partly controlled by a diet rich in fruit and vegetables, milk and water.

So while we know of no way to definitely increase the flow of saliva from the parotid gland, it seems that this suggested diet results in a lowered incidence of caries and presumably in a more fluid saliva.—G. R. WARNER.

[3]Wright, Samson: Applied Physiology, Oxford, England, Oxford University Press.

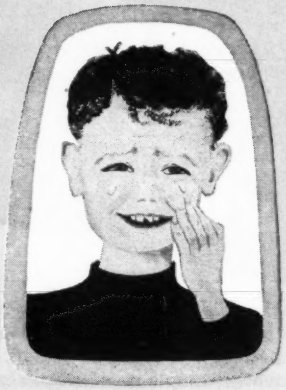
Silver Nitrate Stains

Q.—Today I had an 8-year-old girl who had silver nitrate stains on her anterior teeth. I could not polish the stains off so I painted them with iodine. The teeth turned pink. Is there anything that I can do to take the stain out of the enamel?—H. L. B., Oklahoma.

A.—Silver nitrate stains can be removed from fabric by first applying iodine then x-ray hypo fixer or ammonia. The fixer is somewhat more efficient as a final neutralizer than the ammonia, but the fixer being an active poison probably should not be used on teeth in the mouth. In fact, the silver nitrate stain on teeth is likely to penetrate so deeply that nothing short of radical grinding will take it off. V. C. SMEDLEY.

A HUMAN BEING IN DISTRESS

LET EACH patient be studied as a human being in distress, whose manifestations of illness can be understood if enough can be learned about him, and who can be treated with a therapeutic program which utilizes this comprehension, rather than be viewed as a stranger with annoying complaints and troublesome symptoms to be immediately subjected to strong-arm purging methods.—R. KNIGHT, *The Psychiatric Bulletin.*



FOR EMERGENCY FRACTURES

Use Rocky Mountain's Emergency Kit.

When a fracture occurs, you must treat the tooth rapidly and effectively to calm the child and the parent. R.M. Tru-Chrome Anterior Crowns provide the most positive treatment for fractures. . . . You can adapt them quickly . . . Your patients can chew with them almost immediately after treatment. . . . And you can rely on them to withstand rough abuse thereafter.

Other Uses

OPEN FACE CROWNS — After emergency treatment you can make an attractive open face crown by removing the labial with a diamond stone. The crowns are also used occasionally for correcting locked anteriors.

NOTE: 3 new sizes have been added—#86 for extra large central incisors, #79 and #80 for laterals and smaller teeth. *Complete New Emergency Kit*, $8.00

For a copy of the *New* R.M. Technique Booklet, "Tru-Chrome and Tru-Spot Welders in Dentistry for Children", contact your R.M. Participating Dealer and mail coupon below.

TRU-CHROME HIGHEST QUALITY

ROCKY MOUNTAIN METAL PRODUCTS CO.
P.O. BOX 1887, DENVER 1, COLO.

"For over 20 Years the Pioneers in Spot Welders and Chrome Alloy Specialties for Orthodontics and Dentistry for Children"

Dr. _____ OH 7

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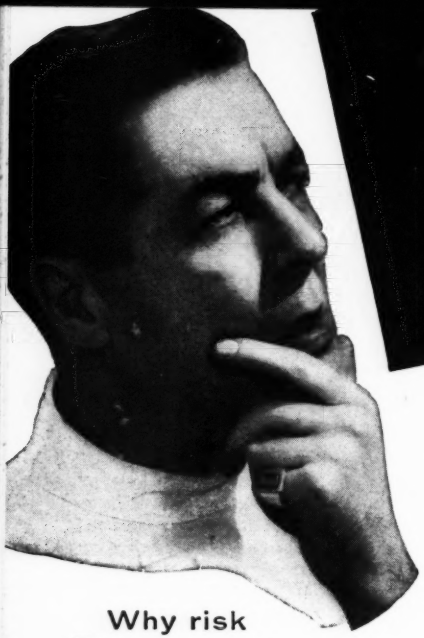
Address _____

Dealer _____



WHY BE "PF" DENTURE VICTIM?

Why risk
Professional
Frustration
from patients'
Psychological
Failure?

How discouraging it can be: the denture is beautiful in appearance and perfect in fit—yet the patient persistently complains of discomfort and instability! When apprehension and awkwardness thwart adaptation, "psychological failure" can indeed be a problem for the dentist . . . and unnecessarily so!

For most "PF" patients, only a *little* more help may be all that is needed—as provided so readily by Wernet's Powder. Its soft, resilient cushion makes retention and stability seem so much easier, and adequate self-confidence so much more assured. The denture becomes more comfortable, too, through absorption and distribution of unaccustomed pressures on sensitive tissues.

Speeds the Mastery of the De

WERNET'S
POWDER

For the patient, such assistance may be actually indispensable—especially in the presence of anatomical or emotional difficulties. For the dentist, it's a gesture of sympathetic consideration . . . and a sound solution of his "PF" problem.

WERNET DENTAL MFG. CO., INC.
Jersey City 2, N. J.

the Denture

EE PROFESSIONAL SAMPLES

RNET DENTAL MFG. CO., INC., Jersey City 2, N. J.

ase send me professional samples of rnet's Powder. **Dept. 37-A**

(Please Print)

ress

Zone State

WERNET DENTAL LORE

JANUARY, 1957

The ancient Egyptian custom of mummifying the dead has preserved interesting evidence of the poor dental health largely prevalent at that time. In the earliest periods, the teeth of the poorer classes were badly worn, with exposed pulp and alveolar abscesses, caused by coarse food mixed with sand. Caries however did not become common until the luxurious times of the Pyramids (about 2500 B.C.); and, in the declining days of the later dynasties are found many abscessed cavities and teeth which are loose, diseased and almost destroyed by caries. Evidence of dental practice is almost non-existent.

• • •

Showmanship in 18th century dentistry had one of its most successful exploiters in the person of the Parisian tooth-drawer "Big Thomas", whose dazzling, gold-braided scarlet coat, fantastically plumed hat, and necklace of teeth made him famous through all Paris, if not all France. To celebrate the birth of the Dauphin in September, 1720, he announced that he would pull teeth gratis for two entire weeks; and on September 19 would provide a feast and free souvenirs to all comers. He died in 1757, leaving a fortune of 55,000 pounds.

• • •

The Hindus of India have a centuries-old reputation for wisdom in matters of oral hygiene. Almost 2,500 years ago, a Greek scholar concluded a recipe for sweetening the breath with the words, "It is known under the name of 'Indian medicament'." Were the author alive today, he might well rejoice in the existence of a new "Indian medicament", Gum karaya, refined by modern laboratory science to form the basic ingredient of Wernet's Powder.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CXLVIII (See page 47 for questions)

1. No. Postponed for several years depending on dosage of radiation. (Kaplan, Herman: Osteoradionecrosis and the Dentist, U.S. Armed Forces. Med. J. **6**:1456 [October] 1955)
2. (a). (Ney Bridge and Inlay Book, Hartford, Connecticut, J. M. Ney Co., 1954, page 78)
3. True. (Buckley, G. A.: Diagnostic Factors in Choice of Impression Materials and Methods, J. Prosthetic Dentistry **5**:156 [March] 1955)
4. (a). (Archer, W. H.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Co., 1952, page 60)
5. No—gumming results. (Kilpatrick, H. C.: High Speed in Amalgam Cavity Preparation, DENTAL DIGEST **61**:261 [June] 1955)
6. (b). (Accepted Dental Remedies, 21st Edition, Chicago, American Dental Association, 1956, page 89)
7. No. (Skinner, E. W. and Jones, P.M.: Dimensional Stability of Self-Curing Denture Base Acrylic Resins, JADA **51**:430 [October] 1955)
8. True. (Bumsted, William: Cancer of the Tongue, J. Can. Dent. Assoc. **31**:13 [January] 1955)
9. (a). (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Co., 1951, page 224)
10. (b). (Markley, M. R.: Amalgam Restorations for Class V Cavities, JADA **50**:302 [March] 1955)

VACATION-MINDED DENTIST MISSES PAYMENT

A PARIS dentist apparently thinks the traditional annual vacation is more important than money.

The dentist was busy when a patient, Amedee Picart, came to pay his bill, and left him thumbing through magazines in the reception room.

After a long wait, Picart investigated and found that the dentist had left by another door for his vacation without waiting for the money. He apparently was so engrossed in his vacation plans that he locked Picart in the office.—*Indianapolis (Indiana) Star.*

UNHAPPY COINCIDENCE!

MAYOR Raymond R. Tucker of Saint Louis was forced to cancel his appearance at a dinner attended recently by fifty-five dentists. The mayor had an abscessed tooth.—*New York Journal American.*

LAFFODONTIA

The nice old lady stopped and dropped a two-dollar bill in the beggar's cup.

"Lady," he said, "two-dollar bills are bad luck. Ain't you got two ones?"

"My goodness, how did you know it was a two-dollar bill if you're blind?"

"I ain't blind. It's my partner that's blind. This is his day off and he's at the movies. Me, I'm deaf and dumb."

★

The glamorous one arrived home early after a date with a new beau. Her mother, sitting up and waiting and worrying expressed surprise over her early return and wanted to know what happened.

"Oh, nothing much," yawned the girl. "I had to slap him a couple of times."

"My heavens!" exclamed her mother.

"Yea—he kept falling asleep."

★

It's a comfort to have relatives occasionally. In fact, it's the best way.

★

Suitor: "Darling, do you think you could live on my income?"

Sweet young thing: "Yes, but what would you live on?"

★

Willie: "What is discretion, Paw?"

Paw: "It's something that a person gets after he's too old for it to do him any good."

★

Explorer: "We were surrounded by savages shrieking awful cries and beating the ground with their clubs."

Bored listener: "Golfers, probably."

★

He: "I saw you twice last night and you didn't speak to me."

She: "I never speak to anyone in that condition."

★

We know a fellow who learned to play the piano because a glass of beer falls off an accordion.

★

"Was the baby sent down from heaven, Mom?"

"Yes, my dear."

"They like to have it nice and quiet up there, don't they Mom?"

★

"To what do you attribute your long life?" the reporter asked the centenarian.

"I don't rightly know yet," replied the old-timer, "I'm still dickering with two breakfast food companies."

★

There are three things a woman can make out of nothing: a hat, a salad, and a quarrel.

★

"Why is that man over there snapping his fingers?"

"He's a deaf mute with the hiccoughs."

★

Two of three girls who had grown up together, married. Thereafter they continually annoyed their unmarried friend with tactless remarks about not being married. She laughed off their comments good-naturedly until one day they went too far.

"Now tell us truthfully," they jocularly remarked, "have you ever really had a chance to marry?"

With a withering glance she retorted, "Suppose you ask your husbands."

Denture patients appreciate The

BENZODENT

Treatment

Like thousands of dentists, you can help patients achieve fast denture mastery with The Benzodent Treatment, which begins with simple spot applications of this clinically tested product.

Comfort and confidence result as patients continue The Benzodent Treatment at home as you direct. Healing is speeded as Benzodent soothes and stabilizes, leading to consistent denture wear.

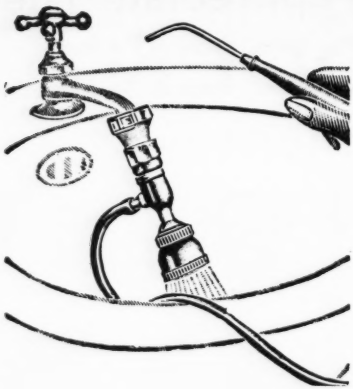
You save chair time, control return-visit schedules, preserve fine prosthetic work. As The Benzodent Treatment eases "break in" anxiety, patients do not insist on emergency attention.

Analgesic... relieves pain and discomfort; avoids needless trimming

Antiseptic... helps to heal sore spots as it controls infection

Adhesive... creates patient confidence by effective denture stabilization

A product of
Peter, Strong and Co., Inc.
New York 16, N. Y.



The HU-FRIEDY ASPIRATOR

This Aspirator operates by water pressure obtained from the faucet of the wash bowl. It has proven highly efficient and is recognized more advantageous than mechanically operated aspirators.

Can be adapted to many shaped faucets whether round, oval or irregular. There are no wearing parts. Therefore it will function indefinitely. All parts are heavily nickel plated. It has a reversible flow which provides a means for quick and easy cleaning.

The complete outfit consists of Aspirator, 8 to 10 feet of pure gum tubing specially designed for this Aspirator and also the Coupland Suction Handle with 4 sizes of detachable tips. These tips are accepted as standard equipment and approved and used by the U.S. Government.

Prices on extracting Forceps and Bone Rongeurs have been reduced recently.

HU-FRIEDY, INC.

3118 N. Rockwell Street, Chicago, Ill.

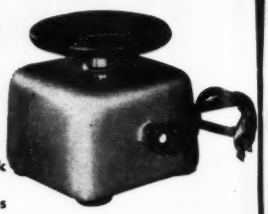
ALL-PURPOSE VIBRATOR

3 SPEEDS *calibrated*

For Inlays and Crowns

Partials and Bridgework

Heavy Flasks and Stone Models



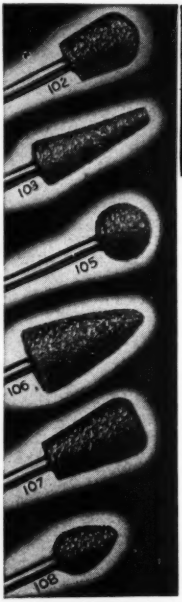
Vibration adjusted to obtain maximum density and eliminate bubbles. Insures accurate castings.

ENGINEERED

- For quick cleaning
- For all-purpose dental use
- To prevent jumping or creeping
- For heavy duty usage
- For years of trouble-free service

Price only $21.50. See your dealer or write

The TOOTHMASTER CO. RACINE, WIS.



Indian Head TUNGSTEN CARBIDE Acrylic & Metal Trimmers

- Ideal for Acrylics —will not adhere, heat or clog
- for Steel and Gold cases—will cut and leaves polished surfaces
- Excellent for Trimming Base Plates
- Will not chip Porcelain Teeth

FASTER CUTTING CLEANER CUTTING

"The Trimmer with Universal Use"

$3.75 Each

Union Broach Co., Inc.
37 West 20th St.
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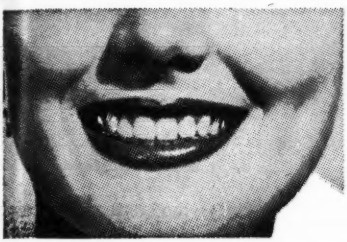
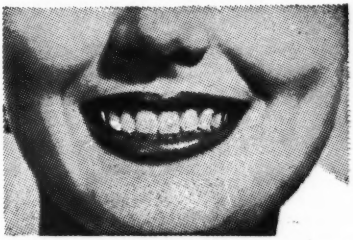
HOW A SIMPLE TECHNIC GIVES BUDGET DENTURES THE "NATURAL" LOOK . . .





The photos above show how easily recognizable full dentures can be given a more "natural" look with MASEL "Gold-Plastic" Denture Teeth. Now, the restoration has the appearance of a fixed bridge . . . an extra touch that increases patient satisfaction.

MASEL "Gold-Plastic" Denture Teeth are open-face denture crowns with plastic teeth already inserted. They fit in a denture the same as ordinary teeth.

INCREASE DENTURE PROFITS

No extra work or chair time is required. Simply remove teeth from the denture "try-in" and substitute the appropriate "Gold-Plastic" Denture Teeth . . . The patient can see exactly how the "natural-look" denture will appear—and will accept gladly the fees for this extra service.

Available in shades to match all leading tooth manufacturers' shade guides.

Order through your dealer or write for literature

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ISAAC MASEL CO. OHI
1108 Spruce St., Phila. 7, Pa.

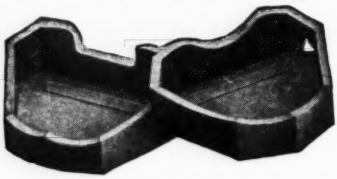
Please send me literature on "natural-look" dentures with MASEL "Gold-Plastic" Teeth.

Dr. .....

Address .....

Dealer .....

Good Models Make a Good Impression on Your Patients



Columbia Rubber MODEL FORMERS

Make Neat Bases on Study Models

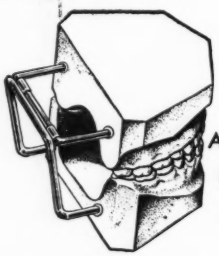
Pour plaster or stone in former; mount anatomical cast and let set. Soft, flexible rubber permits easy removal; model comes out with perfectly-finished, symmetrical base.

Upper and lower models can be made in these formers to occlude automatically.

Price per set—1 Upper & 1 Lower

No. R1X—Jumbo Size	$4.75
No. R1 —Large Size	4.00
No. R2 —Medium Size	4.00
No. R3 —Small Size	3.00

Study models show patients their mouths as you see them. Make study models regularly. You need them as you do X-Rays.



Columbia STUDY MODEL ARTICULATOR

Made of sturdy 1/8" diam. Nickel-Silver Rod.

To mount models, drill 4 holes (template and drill supplied); attach prongs with sticky wax. To remove, heat prongs and pull out; casts are unmarred. These articulators may be used repeatedly.

Cat. No. 805—4 Columbia Study Model Articulators with Template and Drill	$3.00
Cat. No. 806—Extra Articulators ea.	.60

Columbia "MODEL GLOSS"

Adds a Smooth, Lustrous Finish to Stone or Plaster Models. Makes Them Washable

Cat. No. MG-1—1-quart size only $2.00

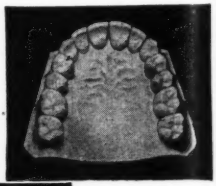
Columbia RIGHT-ANGLE MOUNTING BASE

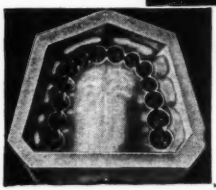
For Dentists desiring greater accuracy in mounting models than is possible by eye

Calibrations on vertical plane help determine height of base needed for harmonious proportions between base and anatomic part of model. Center line facilitates centering anatomic cast on base.

Black Bakelite Base; Stainless Steel Scale.
Cat. No. RA-1—Price—$3.75

Columbia RUBBER DENTOFORM MOLDS





Make Demonstration MODELS from SURPLUS PLASTER

Better than Sketches to Explain Cases

Instead of wasting surplus plaster pour it into the mold. If not enough, add next excess mix, first wetting the set plaster. To make models with Ivorine abutments, insert Ivorine Teeth into mold before pouring.

per Set of 1 Upper & 1 Lower Mold

No. R20—Set without 3rd molars	$5.00
No. R22—Set with 3rd molars	5.00
No. R24—Set for deciduous models	5.00
Ivorine Teeth ea.	.65

For Other Dentoform Products See Our Catalog No. 33

See Our Exhibit at the Chicago Mid-Winter Meeting

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"The House of A Thousand Models" — Headquarters for Brown Precision Attachments

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NEW!

VIVADENT'S ACHATITE

REINFORCED GRID FILLING

The New Porcelain Filling Material with "GLASS FIBERS" imbedded in an Ideal Silicate Base

CREATED FOR ANTERIOR TEETH, ACHATITE HAS BEEN RELEASED TO PRACTICING DENTISTS, AFTER EXTENSIVE SCIENTIFIC and CLINICAL TESTS.

ACHATITE COMPARES in CONCEPT and DESIGN TO THE REINFORCED CONCRETE OF ENGINEERING.

ACHATITE affords High Breaking Strength
ACHATITE shrinks to a Negligible Degree in comparison to ordinary porcelains and acrylics
ACHATITE Resists Abrasion and Corrosion
ACHATITE sets in 4 to 5 minutes. (Faster setting ACHATITE AVAILABLE if DESIRED).

ACHATITE affords High Compressive Strength
ACHATITE'S opacity is excellent
ACHATITE'S solubility is unusually low
ACHATITE'S influence on pulp is exceedingly small and can be easily eliminated completely.

CONCEIVED and DESIGNED BY PROF. KNAPPWOST in association with experimental Dentists of the University of TUBINGEN, GERMANY.

ACHATITE has gained wide acceptance in the United States by practicing DENTISTS who unreservedly hail it as the finest filling material for Anterior Teeth.

- **ACHATITE SHOULD BE MIXED TO A VERY THICK CONSISTENCY. WILL NOT CRUMBLE, ABSORB COLOR, WASH OUT OR CREATE HEAT ON HARDENING.**
- **IDEAL WHERE INCISAL EDGE STRENGTH IS NEEDED.**
- **IDEAL WHERE MOUTH BREATHING CONDITIONS EXIST.**
- **IDEAL PROXIMAL FILLING AS SUBSTITUTE for NOBLE METAL INLAYS or CASTINGS and AMALGAMS.**
- **IDEAL WHERE PULP DAMAGE EXISTS.**
- **IDEAL FOR DECIDUOUS TEETH.**

ACHATITE, STAIN RESISTANT, HAS AN EXCELLENT, LASTING COSMETIC EFFECT; With Maximum Matching Values from VIVADENT'S 10 Basic Colors

You are invited to write for VIVADENT'S Literature on ACHATITE AND KERATITE Glass fibered porcelain and cement filling materials for ANTERIOR and POSTERIOR Teeth.

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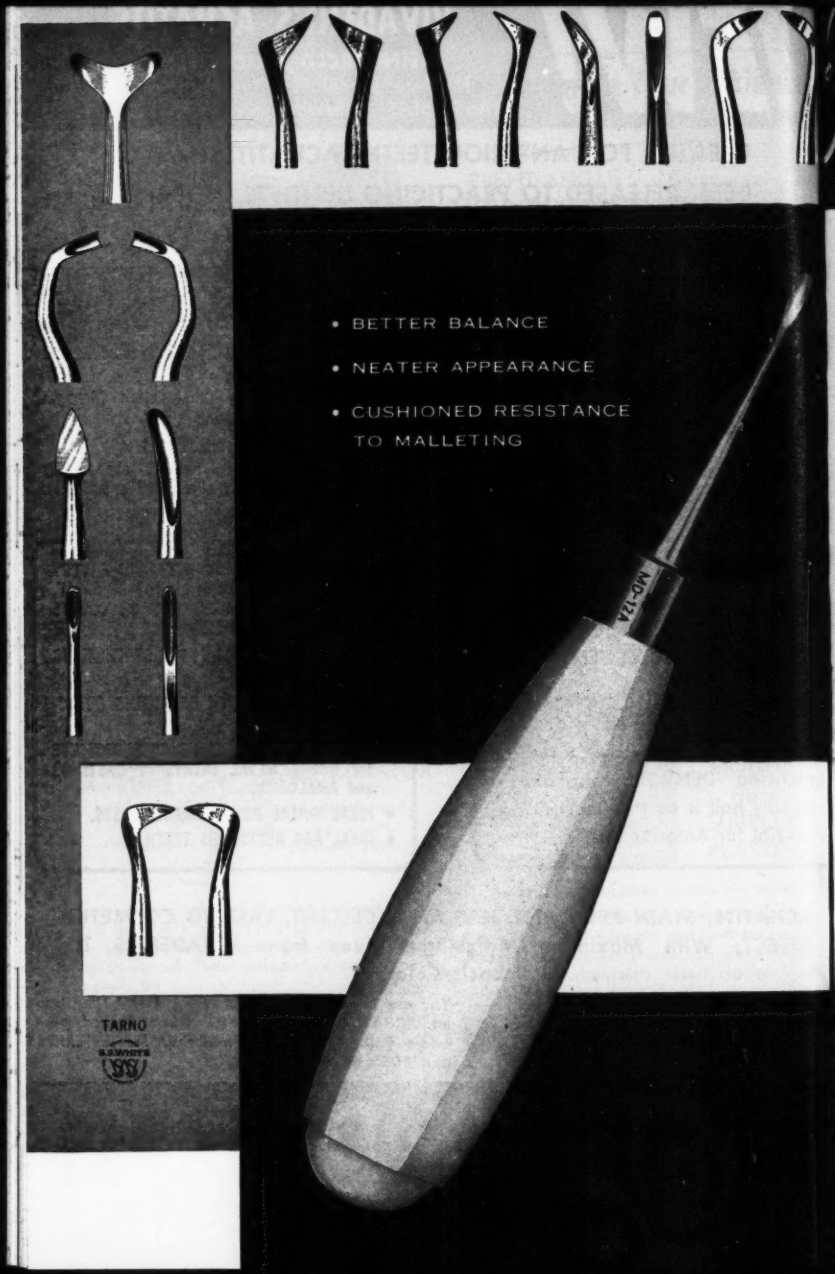
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• CUSHIONED RESISTANCE TO MALLETING
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S.S. WHITE ELEVATORS

WITH SOLID NYLON HANDLES AND TARNO POINTS

Solid, natural nylon handles and stainless steel points make dentists prefer these Elevators. The nylon handles are an S. S. White exclusive for better balance and handling. They won't fill up with water during sterilization. And, because there is no plating, there is no peeling. Even after long use, these elevators keep bright and new looking. You can sterilize them in boiling water, autoclave and cold solutions. Purchase forceps — and elevators — from your S. S. White Dealer.

THE S.S. WHITE DENTAL MANUFACTURING CO.
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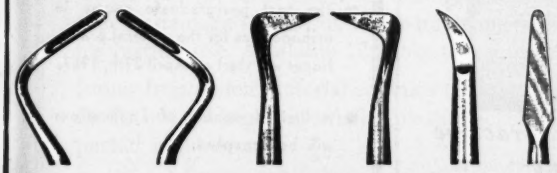

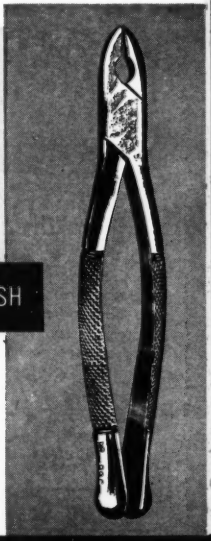

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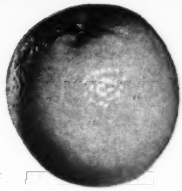
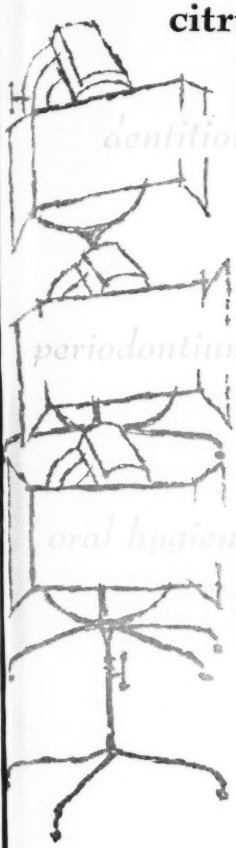
Boiling won't rust these strong, specially finished steel beaks and handles. Sterilization won't dim or discolor them. They're S. S. White forceps—made to stand stresses far beyond normal.



for your dietary advice to patients...

citrus sidelights on oral health



For formation of sound tooth structures, proper diet (including vitamin C-rich sources such as citrus) is essential in the prenatal period and later until the permanent dentition is completed.[1]

Liberal citrus intake daily provides vitamin C necessary for capillary and connective tissue integrity throughout the body including the periodontium.[2,3]

The detergent action of citrus fruits eaten at the end of meals promotes oral hygiene since during mastication they "literally sweep over the teeth, between the teeth, and over all the soft tissues."[3]

Florida Citrus Commission
Lakeland, Florida

1. King, C. G.: J. Am. Diet. A. 30:13, 1954.
2. Kelsten, L. B.: J. Dent. Med. 10:67, 1955.
3. Amer. Dent. Assoc.: Diet and Dental Health, Chicago, 1955, pp. 7-8.

FLORIDA *Citrus*

ORANGES • GRAPEFRUIT • TANGERINES

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Professional preference for Amm-i-dent has been earned by definite points of superiority confirmed in published reports of its caries reducing effectiveness:

NEUTRALIZES ACID High-urea penetrates to the pulp of the tooth, diffuses back to the surface as oral concentration drops, to keep pH above critical 5.5 for 12 hours.*

PREVENTS ACID SLS® (sodium N-lauroyl sarcosinate) adsorbs to enamel and plaque, resists flushing with running water, inhibits bacteria, keeps pH above 5.5 for more than 12 hours.*

*NOTE: High-urea and SLS are synergistic—work together to prevent acid on tooth and plaque for more than 24 hours!

RESISTS ACID The sodium fluoride in Super Amm-i-dent hardens the outer layer of the tooth—actually causes a change in the chemical structure of the surface layer. This fluoride makes the enamel far more resistant to acid erosion and decay.

Regular Amm-i-dent —Paste or Powder—with high-urea and SLS for ammoniated and anti-enzyme action.

Super Amm-i-dent— Paste Only—high-urea and SLS plus sodium fluoride for hardening action.

Green Amm-i-dent— Paste or Powder—high-urea and SLS plus non-staining chlorophyll.

TASTES GOOD Amm-i-dent tastes good, is an excellent cleanser. Patients like its flavor and pleasant foaming action. Try it—you'll like it too.

Amm-i-dent®

Contains no ammonium salts

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Indispensable

GOMCO ASPIRATORS

like this No. 796 Cabinet Model have proved indispensable to optimum oral treatment, because only with this powerful, dependable suction can the oral field be kept clean and clear at all times. This means better visibility — greater patient comfort — preventing foreign matter being inhaled or swallowed . . . in short, conditions indispensable to best results.

Why leave the vital question of aspiration to chance? Your dealer will be happy to show you the entire line of GOMCO Aspirators for every need and budget — and to demonstrate GOMCO quality and performance in action in your office.

Gomco No. 796
Cabinet Aspirator

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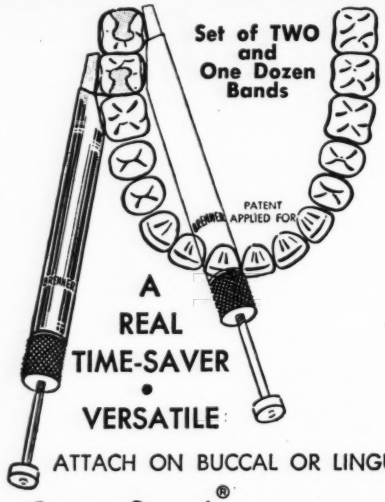

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BRENNER

MATRIX RETAINERS

Eliminates the use of the Wedge in most cases

- Assemble or release in a flash
- No projecting or moving parts in the mouth
- One simple knurled nut, outside the mouth, tightens and releases band
- Positive non-yielding Gingival Band adaptation
- Set of 2 fits Buccal, Lingual, Upper, Lower, Right, Left
- One size band fits all Molars or Bicuspids
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- All stainless steel construction. GUARANTEED.

See demonstration in our Booth at the Chicago Mid-Winter Meeting

Super-Dontic *Manufacturing Co.*
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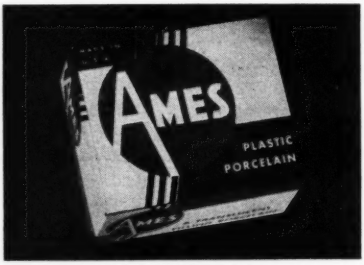

AMES NON-RESINOUS Plastic PORCELAIN GIVES

Tremendous Strength and Unequalled Durability!

You can confidently use Ames Plastic Porcelain for restorations not possible with ordinary silicates, because of Ames' high crushing strength (35,000 p.s.i.). Other advantages are easy mixing and manipulation, low solubility, correct opacity, hardness, resistance to staining and minimum volume change.

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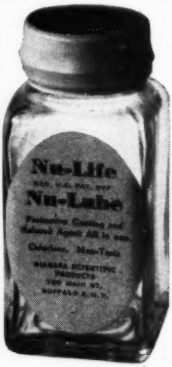

Protects sensitive teeth, and lubricates for easy release when making temporary crowns and splints.

See article in Journal of Prosthetic Dentistry.

1 oz. by weight $3.75

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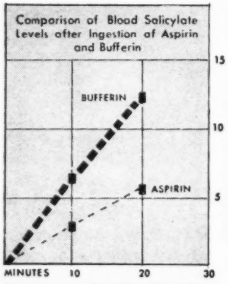
GIVE YOUR PATIENT FASTER PAIN RELIEF with BUFFERIN®



Relieve the pain attending dental treatment—whether extraction or cavity preparation—by recommending BUFFERIN. This antacid analgesic acts twice as fast as aspirin. In ten minutes after taking BUFFERIN the blood salicylate levels are higher than those attained with aspirin in twice the time.

Gastric distress is almost unknown when BUFFERIN is taken, even in large doses, for BUFFERIN is antacid.

Your patients will appreciate BUFFERIN'S prompt antacid analgesic action.

BUFFERIN contains no sodium.

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Acts Twice as Fast as Aspirin

Does Not Upset the Stomach

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EACH BUFFERIN TABLET contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

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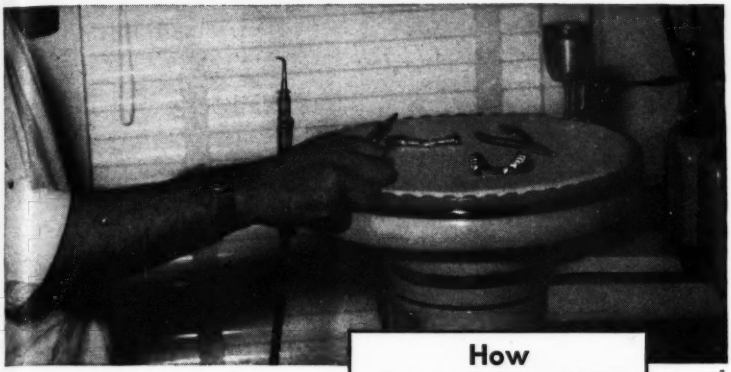

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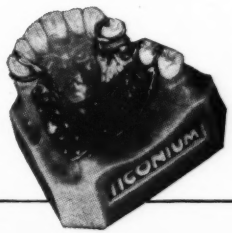

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TOOTH PASTE
Compounded with
MILK OF MAGNESIA

Craig-Martin Tooth Paste with Milk of Magnesia has been recommended by dentists for years who have found Magnesium Hydroxide the active ingredient of Milk of Magnesia most effective in protection against tooth decay producing acid. Children and adults alike enjoy its delicious flavor and its efficient polishing and cleansing action.

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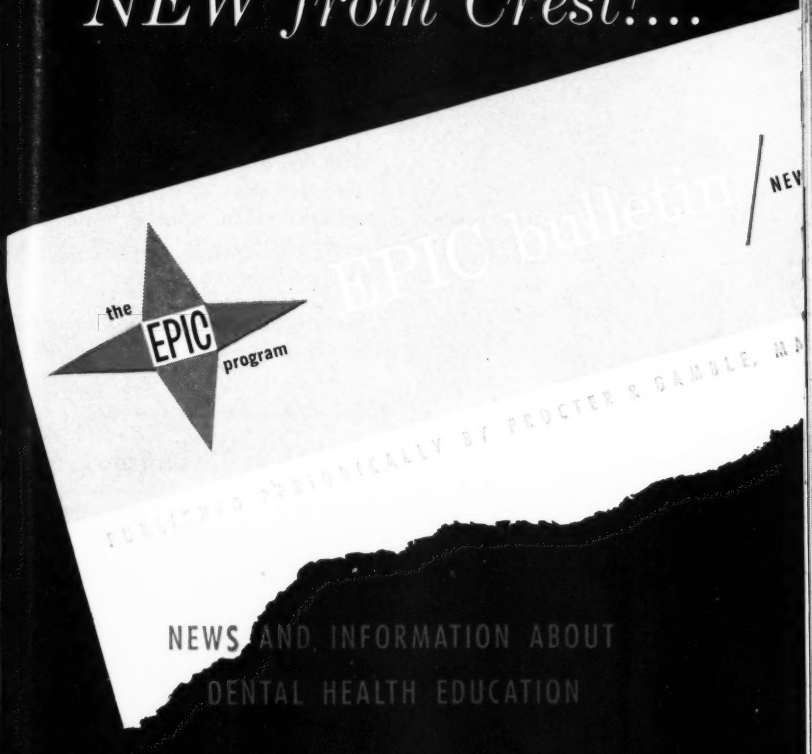

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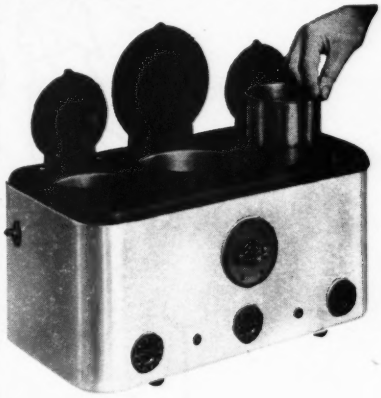

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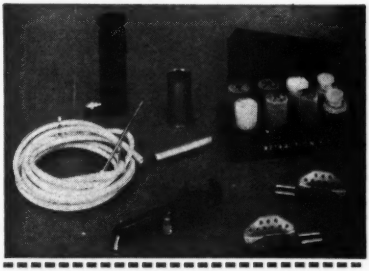

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1. Stieglitz, E. J.: in Modern Nutrition in Health and Disease, ed. by Wohl, M. G. and Goodhart, R. S., Lea and Febiger, Philadelphia, 1955, p. 945.

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DENTAL X-RAY NEWS

• You can easily reduce exposures by using high-voltage equipment with accurate timers and Du Pont Lightning Fast Dental Film.

Cut Exposure Time with "Lightning Fast" Dental X-ray Film

This fast film enables you to reduce exposure time as much as 1/3 the time required with films of regular speed.

The extra speed of Lightning Fast Film makes possible split-second exposures which give you these advantages:

- reduces exposure to patient and operator
- minimizes problem of patient motion—eliminating time-consuming retakes
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- lessens tube wear by reducing exposures

In addition, Du Pont's exclusive "Pull-A-Tab" packets simplify handling films in the darkroom — save time and help prevent errors.

Lightning Fast Film is available in periapical size, packaged one or two films to the packet.

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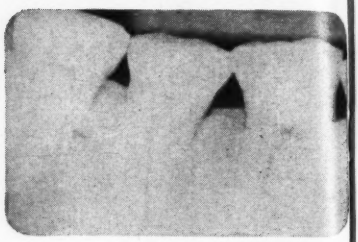
ASK YOUR DEALER about Du Pont Lightning Fast X-ray Film. He will be glad to help you select Du Pont dental x-ray films and chemicals to meet your specific needs.

HOW TO AVOID POOR RADIOGRAPHS WITH PROPER PROCESSING



Winter weather can cause a lot of trouble in the dental darkroom. There's a chance you'll be bothered with static electricity since it is most easily generated in an atmosphere of low humidity. To prevent generation of static charges, all types of physical friction and pressure should be avoided when handling x-ray film.

Another common winter difficulty is illustrated by the radiograph above. When temperature of the developer falls below 60°, some of the components of the developer will not function. As a result, your films will lack sufficient contrast to be of diagnostic value.

To produce good radiographs, keep a close watch on the temperature of your processing solutions. With normal exposure and processing time, best results are always obtained when solutions are kept at a constant temperature of 68° F.

We'll gladly send our free booklet, "Du Pont Guide for Dental X-ray Darkrooms." It covers many processing problems and can help you get the best possible dental radiographs. Du Pont, Photo Products Dept., Wilmington 98, Del.

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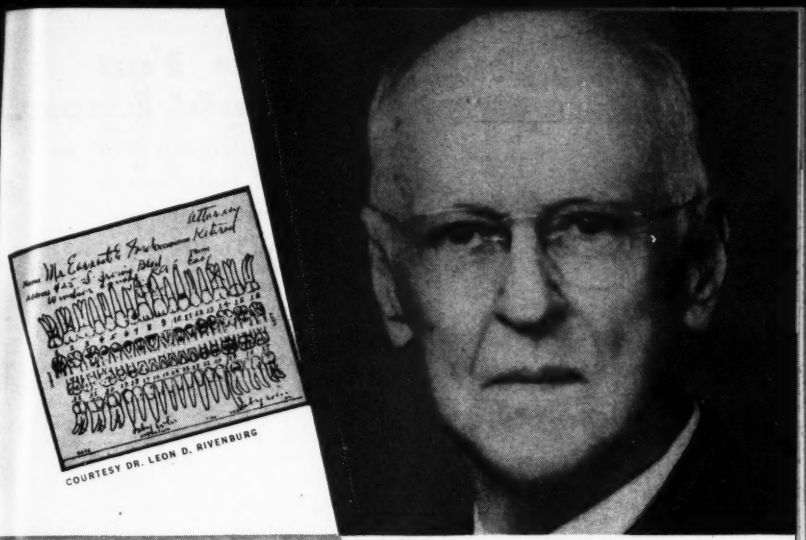

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